



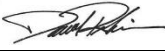
## **SITE HEALTH AND SAFETY PLAN (HASP)**

|                       |                                   |
|-----------------------|-----------------------------------|
| <b>Office:</b>        | DOH                               |
| <b>Site Name:</b>     | South Dayton Dump Vapor Intrusion |
| <b>Client:</b>        | USEPA, Region V                   |
| <b>Work Location:</b> | Dryden Road, Moraine, OH          |
| <b>WO#:</b>           | 20405.012.001.2219.00             |
| <b>DCN:</b>           |                                   |

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## SITE HEALTH AND SAFETY PLAN (HASP)

|  |                            |  |                        |
|--|----------------------------|--|------------------------|
| <b>Prepared by: Dave Robinson</b>  |                            | <b>W.O. Number: 20405.012.001.2219.00</b>  | <b>Date: 7/29/2013</b> |
| <b>Project Identification</b>  |                            | <b>Site History:</b> Starting in 1935 sand and gravel was excavated at the site. Then between 1941 and 1996, municipal and industrial wastes were buried during landfill operations. Between 1950 and 1970, drummed waste was accepted, and numerous reports document the acceptance of hazardous waste. In 2000, buried drums were discovered and a limited removal action took place. Drums that were removed contained: Aroclor-1254 (a PCB), benzene, chlorobenzene, ethylbenzene, toluene, TCE, vinyl chloride, and xylenes. High levels of copper, lead, and cadmium have also been documented on site. In 2004 the site was proposed for the National Priorities List (NPL) of Superfund hazardous wastes sites. In March of 2012, U.S. EPA oversaw subsurface vapor intrusion sampling by potentially responsible parties which yielded high levels of VOCs (especially TCE) and methane in several commercial/industrial buildings near the site. |                        |
| Office:  | DOH                        |  |                        |
| Site Name:   | South Dayton Dump Landfill |  |                        |
| Client:  | U.S. EPA                   |  |                        |
| Work Location Address: 1975 Dryden Road,<br>Moraine, Ohio  |                            |  |                        |
| <b>Scope of Work:</b> START will collect sub-slab and indoor air samples in residences and from soil gas probes along right-of-ways. The samples will be collected for a duration of 24 hours using summa canisters and will be analyzed using EPA method TO-15. Additionally, START will oversee PRP contractor(s) collecting soil gas and sub-slab vapor intrusion samples.  |                            |  |                        |
| <input type="checkbox"/> <b>Site visit only;</b> site HASP not necessary. List personnel here and sign off below:<br><input checked="" type="checkbox"/> <b>Utility notification required. If required, provide utility notification agency, authorization number, and valid dates:</b>  |                            |  |                        |
| <b>Regulatory Status:</b>  |                            |  |                        |
| Site regulatory status:<br><b>CERCLA/SARA</b> <b>RCRA</b> <b>Other Federal Agency</b><br><input checked="" type="checkbox"/> U.S. EPA <input type="checkbox"/> U.S. EPA <input type="checkbox"/> DOE<br><input type="checkbox"/> State <input type="checkbox"/> State <input type="checkbox"/> USACE<br><input type="checkbox"/> NPL Site <b>NRC</b> <input type="checkbox"/> Air Force<br><input type="checkbox"/> OSHA <input type="checkbox"/> 10 CFR 20 <input type="checkbox"/> _____<br>Hazard Communication (Req'd See Attachment D)<br><input type="checkbox"/> 1910 <input checked="" type="checkbox"/> 1926 <input type="checkbox"/> State |                            | <b>Safety Officer Manual (Required to be On-Site)</b><br>Based on the Hazard Assessment and Regulatory Status, determine the Standard HASP(s) applicable to this project. Indicate below which Standard HASP will be used and append the appropriate pages of this form along with the Standard Plan.<br><input type="checkbox"/> Stack Test <input type="checkbox"/> _____<br><input type="checkbox"/> Air Emissions <input type="checkbox"/> _____<br><input type="checkbox"/> Asbestos <input type="checkbox"/> _____<br><input type="checkbox"/> Industrial Hygiene <input type="checkbox"/> _____<br><input type="checkbox"/> _____ <input type="checkbox"/> _____  |                        |
| <b>Review and Approval Documentation:</b>  |                            |  |                        |
| Reviewed by:   | David Robinson             |   | Date: 29-Jul-13        |
| SO/DEHSM/CEHS  | Name (Print)               | Signature  |                        |
| Environmental Compliance Advisor   | David Robinson             |   | Date: 29-Jul-13        |
|  | Name (Print)               | Signature  |                        |
| Approved by:   | John Sherrard              |  | Date: _____            |
| Project Manager  | Name (Print)               | Signature  |                        |
| <b>Hazard Assessment and Equipment Selection:</b>  |                            |  |                        |
| In accordance with WESTON's Personal Protective Equipment Program and 29 CFR 1910.132, at the site prior to personnel beginning work, the FSO and/or the Site Manager have evaluated conditions and verified that the personal protective equipment selection outlined within this HASP is appropriate for the hazards known or expected to exist. (Refer to CEHS Program Manual Section 5, Personal Protection Program, for guidance.)  |                            |  |                        |
| <input checked="" type="checkbox"/> <b>FSO</b>   | John Sherrard              |  | Date: _____            |
|  | Name                       | Signature  |                        |
| <input checked="" type="checkbox"/> <b>Site Manager</b>  | John Sherrard              |  | Date: _____            |
|  | Name                       | Signature  |                        |
| <input checked="" type="checkbox"/> <b>Project Environmental Compliance Officer</b>  | David Robinson             |   | Date: 29-Jul-13        |
|  | Name                       |  |                        |
| <input type="checkbox"/> <b>Dangerous Goods Shipping Coordinator</b>   |                            |  | Date: _____            |
|  | Name                       |  |                        |

|                               |   |                               |     |
|-------------------------------|---|-------------------------------|-----|
| Project start date: 29-Jul-13 | This site HASP <b>must</b> be<br><b>reissued/reapproved</b> for any<br>activities conducted after:<br>Date: 28-Jul-14 | Amendment date(s)<br>1.<br>2. | By: |
| End date: 30-Jun-14           |   |                               |     |



## BEHAVIOR-BASED SAFETY (BBS) – Pledge

### **I Accept and Understand 100% Safe Work Is an Achievable Goal**

- ★ I will work to develop strong connections and team with my co-workers to establish a culture of working safely 100% of the time.
- ★ I will actively care about all Weston employees, our families, team contractors and clients.
- ★ I will help to keep our projects safe and will meet and exceed compliance requirements.
- ★ I will understand and comply with the Health and Safety Plan, Accident Prevention Plan, and Environmental Compliance Plan for each field project. They guide my actions.
- ★ I will stop any work that presents an imminent hazard to people or the environment or is not adequately addressed in the Health and Safety Plan, Accident Prevention Plan, or Environmental Compliance Plan.
- ★ I will identify changing conditions to address safety implications. No surprises!
- ★ I will identify unsafe working conditions and be proactive in correcting them.
- ★ I will coach and mentor and will accept coaching from others to encourage safe work behaviors.
- ★ I am empowered to share lessons-learned and foster continuous improvement.

### **I will Learn where I can get Assistance**

- ★ I will develop high quality relationships with my Division Environmental, Health, and Safety (EHS) Manager; Profit Center Safety Officer; and Field Safety Officer.
- ★ I will learn how and when to contact our Environmental Advisors.
- ★ I will get to know our Corporate EHS staff and become familiar with the Corporate EHS Portal Site.

### **I will Report All Incidents**

- ★ If a safety incident occurs, even if there is no injury or damage but there could have been, I will report the incident immediately.
- ★ I will conduct safety reviews of all incidents with my supervisor, if requested. The review will focus on cause and lessons-learned so that we can be proactive in preventing it from happening again.

|       |       |
|-------|-------|
| <hr/> | <hr/> |
| <hr/> | <hr/> |

## PROJECT QUALITY PLEDGE GUIDE

Living by our core value of “Exceptional Quality” means we deliver products and services that meet the highest standards. In doing so, we strive to identify, understand, and execute the project scope of work according to our clients’ exceptional performance expectations. The Project Quality Pledge is the process we use to ensure our clients’ exceptional performance expectations are met – every time.

This document provides guidance and links to examples for developing and executing a successful Project Quality Pledge. All Pledges will not be the same; what is important is that **your** Pledge makes sense to **your client and your team**. Project Quality Pledges can be very detailed ([PENREN](#)), or streamlined ([IAS](#)), depending on what works for your client and team. It can be a stand-alone document or incorporated into the Project Execution Plan or Project Instructions ([Fort Sam](#)).

The three most important aspects of the Project Quality Pledge are:

- Talk to your client frequently
- Understand your client’s exceptional performance expectations
- Communicate client expectations to your team

### Talk to Your Client

You cannot know your clients’ exceptional performance expectations without talking to them. We must initiate and sustain a dialog with our clients. The ‘client’ may include several stakeholders, so communication is essential.

- Focus on exceptional performance expectations in all project phases (proposal to completion).
- Hold regularly-scheduled discussions with the client to ask about Weston performance.
- Schedule client-Weston meetings if any key client contacts change.
- Review/revise quality goals if client expectations change.
- Document and address client issues or suggestions and share with your team.

### Understand Your Clients’ Exceptional Performance Expectations

At its very basic level, the Pledge should identify our overall commitment to the client, including a statement describing that commitment ([Surf City](#)). Ask yourself, what is the shared vision?

- Define the clients’ exceptional performance expectations. These expectations translate into one or more goals included in the Pledge ([EcoTourism](#)). Inquire about any sustainability goals the client may have and discuss how our project could incorporate these goals.
- Develop the Project Quality Pledge. The lead for this effort is typically the CSM or PM.
- Identify and link WESTON and client contacts to ensure zippered communication. These contacts can be recorded in the Pledge or elsewhere; the important point is to link Weston and client contacts ([Sherwin Williams](#)).

### Communicate Client Expectations to Your Team

In order to meet our client’s exceptional performance expectations, we must secure the project team’s commitment to those expectations. Each team member should not only understand the Project Quality Pledge, but should also be able to articulate it to others and identify his/her specific role in achieving it.

- Discuss the Pledge at the kickoff meeting & regularly scheduled project meetings.
- Ensure each team member understands the Pledge, and his/her specific role.
- Have team members sign the Pledge. The Pledge can define each person’s specific role along with their signature ([IAS](#)), or provide a signature page for the overall pledge ([EcoTourism](#)).

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## **1. PERSONNEL ON SITE INFORMATION**



## 1.1 WESTON REPRESENTATIVES

| Organization/Branch           | Name/Title                           | Address  | Telephone                                      |
|-------------------------------|--------------------------------------|--|--|
| Dynamac / COH                 | John Sherrard / PM                   | 4710A Interstate Drive<br>Cincinnati, OH 45246 | 513-860-9102 (office)<br>513-703-3092 (mobile) |
| Weston Solutions,<br>Inc./DOH | Dave Robinson / Project<br>Scientist | 711 E Monument Ave., #201<br>Dayton, OH 45402  | 937-531-4400<br>937-572-3630 (mobile)          |
| Weston Solutions,<br>Inc./DOH | Greg Roussos / Project<br>Scientist  | 711 E Monument Ave., #201<br>Dayton, OH 45402  | 937-531-4400<br>513-604-4797 (mobile)          |

**Roles and Responsibilities:**  
John Sherrard – PM & FSO

## 1.2 WESTON SUBCONTRACTORS

| Organization/Branch | Name/Title      | Address                         | Telephone |
|---------------------|-----------------|---------------------------------|-----------|
|                     | Name:<br>Title: | Street:<br>City:<br>State, Zip: |           |
|                     | Name:<br>Title: | Street:<br>City:<br>State, Zip: |           |
|                     | Name:<br>Title: | Street:<br>City:<br>State, Zip: |           |

**Roles and Responsibilities:**

## SITE-SPECIFIC HEALTH AND SAFETY PERSONNEL

The Site Field Safety Officer (FSO) for activities to be conducted at this site is: John Sherrard

The Site Manager has ultimate responsibility for ensuring that the provisions of this Site HASP are adequate and implemented in the field.

Changing field conditions may require decisions to be made concerning adequate protection programs. Therefore, the personnel assigned as FSOs must be experienced and meet the additional training requirements specified by OSHA in 29 CFR 1910.120.

**Qualifications:**

OSHA 40-hr Hazwoper, 8-hr Hazwoper Refresher current, First Aid/CPR, 8-hr Site Health & Safety Coordinator (FSO) course, Bloodborne Pathogens training.

**Designated alternates include:** Dave Robinson, Greg Roussos

## 1.3 SITE PERSONNEL AND CERTIFICATION STATUS

### 1.3.1 WESTON Employee Certification

|   |  |
|---|--|
| <b>Name:</b> John Sherrard<br><b>Title:</b> Project Manager<br><b>Task(s):</b> All<br><b>Certification Level or Description:</b> B-S, B-T<br><input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current<br><input type="checkbox"/> Fit Test Current (Qual.) <input checked="" type="checkbox"/> Fit Test Current (Quant.)  | <b>Name:</b> Dave Robinson<br><b>Title:</b> Project Scientist<br><b>Task(s):</b> All<br><b>Certification Level or Description:</b> B-S, B-T<br><input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current<br><input type="checkbox"/> Fit Test Current (Qual.) <input checked="" type="checkbox"/> Fit Test Current (Quant.) |
| <b>Name:</b> Greg Roussos<br><b>Title:</b> Project Scientist<br><b>Task(s):</b> All<br><b>Certification Level or Description:</b> D-S, B-T<br><input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current<br><input type="checkbox"/> Fit Test Current (Qual.) <input checked="" type="checkbox"/> Fit Test Current (Quant.) | <b>Name:</b><br><b>Title:</b><br><b>Task(s):</b><br><b>Certification Level or Description:</b><br><input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current<br><input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)   |
| <b>Name:</b><br><b>Title:</b><br><b>Task(s):</b><br><b>Certification Level or Description:</b><br><input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current<br><input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)  | <b>Name:</b><br><b>Title:</b><br><b>Task(s):</b><br><b>Certification Level or Description:</b><br><input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current<br><input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)   |
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| <b>Name:</b><br><b>Title:</b><br><b>Task(s):</b><br><b>Certification Level or Description:</b><br><input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current<br><input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)  | <b>Name:</b><br><b>Title:</b><br><b>Task(s):</b><br><b>Certification Level or Description:</b><br><input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current<br><input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)   |

**TRAINING CURRENT - Training:** All personnel, including visitors, entering the exclusion or contamination reduction zones must have certifications of completion of training in accordance with OSHA 29 CFR 1910, 29 CFR 1926, or 29 CFR 1910.120.

**FIT TEST CURRENT - Respirator Fit Testing:** All persons, including visitors, entering any area requiring the use or potential use of any tight-fitting respirator must have had, as a minimum, a qualitative fit test, administered in accordance with OSHA 29 CFR 1910.134 or ANSI, within the last 12 months. If site conditions require the use of a full-face, tight-fitting, air-purifying respirator for protection from asbestos or lead, employees must have had a quantitative fit test, administered according to OSHA 29 CFR 1910.1001 or .1025 or 29 CFR 1926.1101 or .62, within the last 12 months.

**MEDICAL CURRENT - Medical Monitoring Requirements:** All personnel, including visitors, entering the exclusion or contamination reduction zones must be certified as medically fit to work and able to wear a respirator, if appropriate, in accordance with 29 CFR 1910 or 29 CFR 1926 (substance-specific), or 29 CFR 1910.120 (HAZWOPER).

The Site Field Safety Officer is responsible for verifying all certifications and fit tests.

## SITE PERSONNEL AND CERTIFICATION STATUS

### 1.3.2 Subcontractor's Health and Safety Program Evaluation

**Name of Subcontractor:**

**Address:**

**Activities To Be Conducted by Subcontractor:**

#### Evaluation Criteria

Medical Program meets OSHA/WESTON criteria

- ☐ Acceptable  
☐ Unacceptable

Comments:

Personal Protective Equipment available

- ☐ Acceptable  
☐ Unacceptable

Comments:

On-site monitoring equipment available, calibrated, and operated properly

- ☐ Acceptable  
☐ Unacceptable

Comments:

Safe Working Procedures clearly specified

- ☐ Acceptable  
☐ Unacceptable

Comments:

Training meets OSHA/WESTON criteria

- ☐ Acceptable  
☐ Unacceptable

Comments:

Emergency Procedures

- ☐ Acceptable  
☐ Unacceptable

Comments:

Decontamination Procedures

- ☐ Acceptable  
☐ Unacceptable

Comments:

General Health and Safety Program evaluation

- ☐ Acceptable  
☐ Unacceptable

Comments:

Additional comments:

- ☐ Subcontractor has agreed to and will conform to the WESTON HASP for this project.  
  
☐ Subcontractor will work under its own HASP, which has been accepted by Project PM.

**Evaluation Conducted by:**

**Date:**

**Evaluation Source (SubTrack, etc.):**

#### Subcontractor

Certifications for all subcontractor personnel will be added to the HASP prior to beginning work.

**Name:**

**Title:**

**Task(s):**

**Certification Level or Description:**

- ☐ Medical Current ☐ Training Current  
☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

**Name:**

**Title:**

**Task(s):**

**Certification Level or Description:**

- ☐ Medical Current ☐ Training Current  
☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

**Name:**

**Title:**

**Task(s):**

**Certification Level or Description:**

- ☐ Medical Current ☐ Training Current  
☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

**Name:**

**Title:**

**Task(s):**

**Certification Level or Description:**

- ☐ Medical Current ☐ Training Current  
☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

## **2. HEALTH AND SAFETY EVALUATION**

## 2.1 HEALTH AND SAFETY EVALUATION

### 2.1.1 Task Hazard Assessment

Background Review: ☒ Complete ☐ Partial If partial why?

#### Activities Covered Under This Plan:

| No. | Task/Subtask | Description   | Schedule           |
|-----|--------------|---|--------------------|
| 1   | Sampling     | Collect sub-slab and indoor air vapor intrusion samples inside residences. TO-15 canisters with 24-hour regulators will be used for the sampling. | July – Sept. '12   |
| 2   | Sampling     | Install soil gas probes and conduct sampling by EPA TO-15.  | July – Sept '12    |
| 3   | Oversight    | Oversight of PRP contractor's soil gas and vapor intrusion sampling   | July 2013-Jun 2014 |
|     |              |   |                    |

#### Types of Hazards:

Numbers refer to one of the following hazard evaluation forms. Complete hazard evaluation forms for each appropriate hazard class.

#### Physiochemical 1

- ☐ Flammable  
☒ Explosive  
☐ Corrosive  
☐ Reactive  
☐ O<sub>2</sub> Rich  
☐ O<sub>2</sub> Deficient

#### Chemically Toxic 1

- ☒ Inhalation ☒ Carcinogen  
☒ Ingestion ☐ Mutagen  
☒ Contact ☐ Teratogen  
☒ Absorption  
☒ OSHA 1910.1000 Substance (Air Contaminants)  
☐ OSHA Specific Hazard Substance Standard (Refer to following page for listing)

#### Radiation 3

- Ionizing:  
☐ Internal exposure  
☐ External exposure  
  
 Non-ionizing:  
☐ UV ☐ IR  
☐ RF ☐ MicroW  
☐ Laser

#### Biological 2

- ☐ Etiological Agent  
☒ Other (plant, insect, animal)

#### Physical Hazards 4

- ☐ Construction Activities

#### Source/Location of Contaminants and Hazardous Substances:

#### Directly Related to Tasks

- ☒ Air  
☐ Other Surface  
☒ Groundwater  
☒ Soil  
☐ Surface Water  
☐ Sanitary Wastewater  
☐ Process Wastewater  
☐ Other \_\_\_\_\_

#### Indirectly Related to Tasks — Nearby Process(es) That Could Affect Team Members:

- ☐ Client Facility/WESTON Work Location  
☐ Nearby Non-Client Facility

Describe:

- ☒ Have activities (task[s]) been coordinated with facility?

Comments:

**OSC Renninger has coordinated all work with the surrounding stakeholders.**

## HEALTH AND SAFETY EVALUATION

### 2.1.2 Chemical Hazards of Concern

☐ N/A

#### Chemical Contaminants of Concern

Attach data sheets from an acceptable source such as NIOSH pocket guide, condensed chemical dictionary, ACGIH TLV booklet, Hazardous Substances Data base (HSDB), etc. List chemicals and concentrations below and locate data sheets in Attachment A of this HASP.

☐ N/A

Identify hazardous materials used or on-site and attach Safety Data Sheets (SDSs) for all reagent type chemicals, solutions, or other identified materials that in normal use in performing tasks related to this project could produce hazardous substances. Ensure that all subcontractors and other parties working nearby are informed of the presence of these chemicals and the location of the SDSs. Obtain from subcontractors and other parties, lists of the hazardous materials they use or have on-site and identify location of the SDSs here. List chemicals and quantities below and locate SDSs in Attachment B of this HASP.

| Chemical Name          | Concentration (ug/m <sup>3</sup> ) | Chemical Name | Quantity |
|------------------------|------------------------------------|---------------|----------|
| 1,1-Dichloroethane     | 3900 (soil gas)                    |               |          |
| Benzene                | 1000                               |               |          |
| Chlorobenzene          | 3100                               |               |          |
| Chloroform             | 530                                |               |          |
| cis-1,2-Dichloroethene | 41000                              |               |          |
| Ethylbenzene           | 2300                               |               |          |
| m&p-Xylenes            | 5600                               |               |          |
| o-Xylene               | 5000                               |               |          |
| Trichloroethene        | 30000                              |               |          |
| Vinyl chloride         | 4400                               |               |          |
| Methane                | 6.6% ↓                             |               |          |

#### OSHA-SPECIFIC HAZARDOUS SUBSTANCES

|  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> 1910.1001 Asbestos                    | <input type="checkbox"/> 1910.1002 Coal tar pitch volatiles     | <input type="checkbox"/> 1910.1003 4-Nitrobiphenyl, etc.                  | <input type="checkbox"/> 1910.1004 alpha-Naphthylamine       |
| <input type="checkbox"/> 1910.1005 [Reserved]                  | <input type="checkbox"/> 1910.1006 Methyl chloromethyl ether    | <input type="checkbox"/> 1910.1007 3,3'-Dichlorobenzidine (and its salts) | <input type="checkbox"/> 1910.1008 bis-Chloromethyl ether    |
| <input type="checkbox"/> 1910.1009 beta-Naphthylamine          | <input type="checkbox"/> 1910.1010 Benzidine                    | <input type="checkbox"/> 1910.1011 4-Aminodiphenyl                        | <input type="checkbox"/> 1910.1012 Ethyleneimine             |
| <input type="checkbox"/> 1910.1013 beta-Propiolactone          | <input type="checkbox"/> 1910.1014 2-Acetylaminofluorene        | <input type="checkbox"/> 1910.1015 4-Dimethylaminoazobenzene              | <input type="checkbox"/> 1910.1016 N-Nitrosodimethylamine    |
| <input type="checkbox"/> 1910.1017 Vinyl chloride              | <input type="checkbox"/> 1910.1018 Inorganic arsenic            | <input type="checkbox"/> 1910.1025 Lead (Att. FLD# 46)                    | <input type="checkbox"/> 1910.1026 Chromium VI (att. FLD 53) |
| <input type="checkbox"/> 1910.1027 Cadmium (Att. 50 FLD)       | <input type="checkbox"/> 1910.1028 Benzene (Att. FLD# 54 or 61) | <input type="checkbox"/> 1910.1029 Coke oven emissions                    | <input type="checkbox"/> 1910.1043 Cotton dust               |
| <input type="checkbox"/> 1910.1044 1,2-Dibromo-3-chloropropane | <input type="checkbox"/> 1910.1045 Acrylonitrile                | <input type="checkbox"/> 1910.1047 Ethylene oxide                         | <input type="checkbox"/> 1910.1048 Formaldehyde              |
| <input type="checkbox"/> 1910.1050 Methylenedianiline          | <input type="checkbox"/> 1910.1051 1,3 Butadiene                | <input type="checkbox"/> 1910.1052 Methylene chloride                     | <input type="checkbox"/> 1926.60 Methylenedianiline          |
| <input type="checkbox"/> 1926.62 Lead                          | <input type="checkbox"/> 1926.1101 Asbestos (Att. FLD 52)       | <input type="checkbox"/> 1926.1127 Cadmium                                |  |

## HEALTH AND SAFETY EVALUATION

### 2.1.3 Biological Hazards of Concern

|   |   |
|---|---|
| <input checked="" type="checkbox"/> <b>Poisonous Plants</b> (FLD 43-D)<br><br>Location/Task No(s) <b>All</b><br>Source: <input type="checkbox"/> Known <input checked="" type="checkbox"/> Suspect<br>Route of Exposure: <input checked="" type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion<br><input checked="" type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration<br><br>Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> <b>Insects</b> (FLD 43-B)<br><br>Location/Task No(s) <b>All</b><br>Source: <input type="checkbox"/> Known <input checked="" type="checkbox"/> Suspect<br>Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion<br><input type="checkbox"/> Contact <input checked="" type="checkbox"/> Direct Penetration<br><br>Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <input type="checkbox"/> <b>Snakes, Reptiles</b> (FLD 43-A)<br><br>Location/Task No(s) <b>All</b><br>Source: <input type="checkbox"/> Known <input checked="" type="checkbox"/> Suspect<br>Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion<br><input type="checkbox"/> Contact <input checked="" type="checkbox"/> Direct Penetration<br><br>Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> <b>Animals</b> (FLD 43-A)<br><br>Location/Task No(s) <b>All</b><br>Source: <input type="checkbox"/> Known <input checked="" type="checkbox"/> Suspect<br>Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion<br><input type="checkbox"/> Contact <input checked="" type="checkbox"/> Direct Penetration<br><br>Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| FLD 43 — WESTON Biohazard Field Operating Procedures: Att. OP <input type="checkbox"/>  |   |
| <input type="checkbox"/> <b>Sewage</b><br><br>Location/Task No.(s):<br>Source: <input type="checkbox"/> Known <input type="checkbox"/> Suspect<br>Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion<br><input type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration<br><br>Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Tetanus Vaccination within Past 10 yrs: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> <b>Etiologic Agents</b> (FLD –C)(List)<br><br>Location/Task No.(s):<br>Source: <input type="checkbox"/> Known <input checked="" type="checkbox"/> Suspect<br>Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion<br><input checked="" type="checkbox"/> Contact <input checked="" type="checkbox"/> Direct Penetration<br><br>Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Potential contact with used medical devices from illicit drug use</b> |
| FLD 43-C — Mold and Fungus. Att. OP <input checked="" type="checkbox"/>   |   |
| FLD 44 — WESTON Bloodborne Pathogens Exposure Control Plan – First Aid Procedures: Att. OP <input checked="" type="checkbox"/>  |   |
| FLD 45 — WESTON Bloodborne Pathogens Exposure Control Plan – Working with Infectious Waste: Att. OP <input type="checkbox"/>  |   |

| HEALTH AND SAFETY EVALUATION       |                               |                  |                               |                                  |                                |                       |                             |                       |
|------------------------------------|-------------------------------|------------------|-------------------------------|----------------------------------|--------------------------------|-----------------------|-----------------------------|-----------------------|
| 2.1.4 Radiation Hazards of Concern |                               |                  |                               |                                  |                                |                       |                             |                       |
| NONIONIZING RADIATION              |                               |                  |                               |                                  |                                |                       |                             |                       |
| Task No.                           | Type of Nonionizing Radiation | Source On-Site   | TLV/PEL                       | Wavelength Range                 | Control Measures               | Monitoring Instrument |                             |                       |
|                                    | Ultraviolet                   | Solar            |                               |                                  | Appropriate clothing/sunscreen | None                  |                             |                       |
|                                    | Infrared                      |                  |                               |                                  |                                |                       |                             |                       |
|                                    | Radio Frequency               |                  |                               |                                  |                                |                       |                             |                       |
|                                    | Microwave                     |                  |                               |                                  |                                |                       |                             |                       |
|                                    | Laser                         |                  |                               |                                  |                                |                       |                             |                       |
| IONIZING RADIATION                 |                               |                  |                               |                                  |                                |                       |                             |                       |
| Task No.                           | Radionuclide                  | Major Radiations | Radioactive Half-Life (Years) | DAC ( $\mu\text{Ci}/\text{mL}$ ) |                                |                       | Surface Contamination Limit | Monitoring Instrument |
|                                    |                               |                  |                               | D                                | W                              | Y                     |                             |                       |
|                                    |                               |                  |                               |                                  |                                |                       |                             |                       |



## HEALTH AND SAFETY EVALUATION

### 2.1.5 Physical Hazards of Concern (Note: Check related RAVS-FLDs for Oil & Gas Clients)

| Physical Hazard Condition   | Physical Hazard                                       | Attach OP                           | WESTON OP Titles   |
|-----------------------------|---|-------------------------------------|--|
| Loud noise                  | Hearing loss/disruption of communication              | <input checked="" type="checkbox"/> | Section 7.0 - ECH&S Program Manual Occupational Noise & HC Program |
| Inclement weather           | Rain/humidity/cold/ice/snow/lightning                 | <input checked="" type="checkbox"/> | FLD02 - Inclement Weather  |
| Steam heat stress           | Burns/displaced oxygen/wet working surfaces           | <input type="checkbox"/>            | FLD03 - Hot Process - Steam  |
| Heat stress                 | Burns/hot surfaces/low pressure steam                 | <input type="checkbox"/>            | FLD04 - Hot Process - LT3  |
| Ambient heat stress         | Heat rash/cramps/exhaustion/heat stroke               | <input checked="" type="checkbox"/> | FLD05 - Heat Stress Prevention/Monitoring                          |
| Cold stress                 | Hypothermia/frostbite                                 | <input type="checkbox"/>            | FLD06 - Cold Stress  |
| Cold/wet                    | Trench/paddy/immersion foot/edema                     | <input type="checkbox"/>            | FLD02 - Inclement Weather  |
| Confined spaces             | Falls/burns/drowning/engulfment/electrocution         | <input type="checkbox"/>            | FLD08 - Confined Space Entry                                       |
| Industrial Trucks           | Fork Lift Truck Safety                                | <input type="checkbox"/>            | FLD09 - Powered Industrial Trucks                                  |
| Improper lifting            | Back strain/abdomen/arm/leg muscle/joint injury       | <input checked="" type="checkbox"/> | FLD10 - Manual Lifting/Handling Heavy Objects                      |
| Uneven surfaces             | Vehicle accidents/slips/trips/falls                   | <input type="checkbox"/>            | FLD11 - Rough Terrain  |
| Poor housekeeping           | Slips/trips/falls/punctures/cuts/fires                | <input checked="" type="checkbox"/> | FLD12 - Housekeeping   |
| Structural integrity        | Crushing/overhead hazards/compromised floors          | <input checked="" type="checkbox"/> | FLD13 - Structural Integrity                                       |
| Improper cylinder. handling | Mechanical injury/fire/explosion/suffocation          | <input checked="" type="checkbox"/> | FLD16 - Pressure Systems - Compressed Gases                        |
| Water hazards               | Poor visibility/entanglement/drowning/cold stress     | <input type="checkbox"/>            | FLD17 - Diving   |
| Water hazards               | Drowning/heat/cold stress/hypothermia/falls           | <input type="checkbox"/>            | FLD18 - Operation and Use of Boats                                 |
| Water hazards               | Drowning/frostbite/hypothermia/falls/electrocution    | <input type="checkbox"/>            | FLD19 - Working Over Water   |
| Vehicle hazards             | Struck by vehicle/collision                           | <input checked="" type="checkbox"/> | FLD20 - Traffic  |
| Explosions                  | Explosion/fire/thermal burns                          | <input type="checkbox"/>            | FLD21 - Explosives   |
| Moving mechanical parts     | Crushing/pinch points/overhead hazards/electrocution  | <input type="checkbox"/>            | FLD22 - Earth Moving Equipment                                     |
| Moving mech. parts          | Overhead hazards/electrocution                        | <input type="checkbox"/>            | FLD23 - Cranes, Rigging, and Slings                                |
| Working at elevation        | Overhead hazards/falls/electrocution                  | <input type="checkbox"/>            | FLD24 - Aerial Lifts/Man lifts                                     |
| Working at elevation        | Overhead hazards/falls/electrocution                  | <input type="checkbox"/>            | FLD25 - Working at Elevation                                       |
| Working at elevation        | Overhead hazards/falls/electrocution/slips            | <input type="checkbox"/>            | FLD26 - Ladders  |
| Working at elevation        | Slips/trips/falls/overhead hazards                    | <input type="checkbox"/>            | FLD27 - Scaffolding  |
| Trench cave-in              | Crushing/falling/overhead hazards/suffocation         | <input checked="" type="checkbox"/> | FLD28 - Excavating/Trenching                                       |
| Physiochemical              | Explosions/fires from oxidizing, flam./corr. material | <input checked="" type="checkbox"/> | FLD30 - Hazardous Materials Use/Storage                            |
| Physiochemical              | Fire and explosion                                    | <input type="checkbox"/>            | FLD31 - Fire Prevention/Response Plan Required                     |
| Physiochemical              | Fire  | <input checked="" type="checkbox"/> | FLD32 - Fire Extinguishers Required                                |
| Structural integrity        | Overhead/electrocution/slips/trips/falls/fire         | <input type="checkbox"/>            | FLD33 - Demolition   |
| Electrical                  | Electrocution/shock/thermal burns                     | <input checked="" type="checkbox"/> | FLD34 - Utilities  |
| Electrical                  | Electrocution/shock/thermal burns                     | <input type="checkbox"/>            | FLD35 - Electrical Safety  |
| Burns/fires                 | Heat stress/fires/burns                               | <input type="checkbox"/>            | FLD36 - Welding/Cutting/Brazing/Radiography                        |
| Impact/thermal              | Thermal burns/high pressure impaction/heat stress     | <input type="checkbox"/>            | FLD37 - Pressure Washers/Sand Blasting                             |
| Impaction/electrical        | Smashing body parts/pinching/cuts/electrocution       | <input checked="" type="checkbox"/> | FLD38 - Hand and Power Tools                                       |
| Poor visibility             | Slips/trips/falls                                     | <input checked="" type="checkbox"/> | FLD39 - Illumination   |
| Fire/explosion              | Burns/impaction                                       | <input type="checkbox"/>            | FLD40 - Storage Tank Removal/Decommissioning                       |
| Communications              | Disruption of communications                          | <input type="checkbox"/>            | FLD41 - Std. Hand/Emergency Signals                                |
| Energy/release              | Unexpected release of energy                          | <input type="checkbox"/>            | FLD42 - Lockout/Tag-out  |
| Biological Hazards          | Biological Hazards at site                            | <input checked="" type="checkbox"/> | FLD43 - Biological Hazards   |
| Animals                     | Animals   | <input checked="" type="checkbox"/> | FLD43A - Animals   |
| Insects                     | Stinging and Biting Insects                           | <input checked="" type="checkbox"/> | FLD43B - Stinging and Biting Insects                               |
| Molds/Fungi                 | Molds and Fungi                                       | <input type="checkbox"/>            | FLD43C - Molds and Fungi   |
| Hazardous Plants            | Hazardous Plants                                      | <input checked="" type="checkbox"/> | FLD43D - Hazardous Plants  |
| Etiologic Agents            | Etiologic Agents                                      | <input type="checkbox"/>            | FLD43E - Etiologic Agents  |

## 2.1.5 Physical Hazards of Concern (Continued)

| Physical Hazard Condition  | Physical Hazard  | Attach OP                           | WESTON OP Titles   |
|----------------------------|--|-------------------------------------|--|
| Biological Hazards/BBP     | Biological Hazards/BBP at site/First Aid Providers                       | <input checked="" type="checkbox"/> | FLD44 - Biological Hazards – Bloodborne Pathogens Exposure Control Plan – First Aid Providers        |
| Infectious Waste           | Infectious Waste at site/BBP/ at site/Infectious Waste                   | <input type="checkbox"/>            | FLD45 – Biological Hazards – Bloodborne Pathogens Exposure Control Plan – Work With Infectious Waste |
| Lead Contaminated sites    | Lead poisoning   | <input type="checkbox"/>            | FLD46 - Control of Exposure to Lead  |
| Puncture/cuts              | Cuts/ dismemberment/gouges   | <input type="checkbox"/>            | FLD47 - Clearing, Grubbing and Logging Operations  |
| Government Inspector       | Disruption of Operations   | <input type="checkbox"/>            | FLD48 – Federal, State, Local Regulatory Agency Inspections  |
| Unknown Chemicals          | Exposure to hazardous materials/waste                                    | <input checked="" type="checkbox"/> | FLD49 – Safe Storage of Samples  |
| Cadmium                    | Exposure Control   | <input type="checkbox"/>            | FLD50 – Cadmium Exposure Control Plan  |
| Process Safety Procedure   | Safety Procedure   | <input type="checkbox"/>            | FLD51 – Process Safety Procedure   |
| Asbestos                   | Asbestos Exposure  | <input type="checkbox"/>            | FLD52 – Asbestos Exposure Control Plan   |
| Hexavalent Chromium        | Exposure Control Plan  | <input type="checkbox"/>            | FLD53 – Hexavalent Chromium Exposure Control Plan  |
| Benzene                    | Exposure Control Plan  | <input type="checkbox"/>            | FLD54 - <u>Benzene Exposure Control Plan</u>   |
| Hydrofluoric acid          | Working with HF  | <input type="checkbox"/>            | FLD55 – Working with Hydrofluoric Acid   |
| Moving drill rig parts     | Crushing/pinch points/overhead hazards/electrocution                     | <input checked="" type="checkbox"/> | FLD56 – Drilling Safety  |
| Vehicles/driving           | Accidents,/fatigue/cell phone use  | <input checked="" type="checkbox"/> | FLD 57 – Motor Vehicle Safety  |
| Improper material handling | Back injury/crushing from load shifts/equipment/tools                    | <input type="checkbox"/>            | FLD 58 – Drum Handling Operations  |
| COC decontamination        | COCs/slip, trip, and falls/waste generation/environmental compliance/PPE | <input type="checkbox"/>            | FLD59 - Decontamination  |
| Drilling hazards           | Electrocution/overhead hazards/pinch points                              | <input checked="" type="checkbox"/> | Environmental Remediation Drilling Safety Guideline - 2005   |
| Fatigue                    | Long work hours  | <input type="checkbox"/>            | FLD60 – Employee Duty Schedule   |
| Benzene/Gasoline           | Benzene exposure   | <input type="checkbox"/>            | FLD61 – Gasoline Contaminant Exposure  |
| Cardiac Arrest             | Accident/Heart Attack  | <input type="checkbox"/>            | FLD62 – 2009 Automatic External Defibrillator (AED) Program Guidelines                               |
| Ionizing Radiation         | Ionizing Radiation   | <input type="checkbox"/>            | FLD63 – Using Handheld X-Ray Fluorescence (XRF) Analyzers  |
| Working Alone              | Isolated Working Conditions  | <input checked="" type="checkbox"/> | FLD64 – Employees Working Alone  |

### **3. SITE SECURITY**

### 3.1 SITE SECURITY ASSESSMENT FORM

| DESCRIPTION  |  |
|--|--|
| <b>Site Name and Location:</b><br>South Dayton Dump Landfill<br>1975 Dryden Road, Moraine, Ohio  | <b>Number of Employees and Subcontractors on Site:</b><br>John Sherrard, Dave Robinson, Greg Roussos |
| <b>Type of Work:</b><br>Installation of subslab vapor probes, indoor air and subslab air sampling for vapor intrusion, and oversight of PRP contractor's vapor intrusion work.                                     |  |
| <b>Projected Start Date:</b> 07/2012   | <b>Projected Completion Date:</b> 06/2014  |
| <b>Are Chemicals Used or Stored That Meet DHS/CFATS Requirements?</b><br><a href="http://www.dhs.gov/files/programs/gc_1185909570187.shtm">http://www.dhs.gov/files/programs/gc_1185909570187.shtm</a>             |  |
| <b>If Yes, Attach Plan and DHS Approvals to HASP.</b><br><a href="http://www.dhs.gov/files/programs/gc_1169501486197.shtm">http://www.dhs.gov/files/programs/gc_1169501486197.shtm</a>                             |  |
| <b>SURROUNDING AREA (urban/suburban/rural; residential/commercial/industrial; traffic volume, population density, etc)</b><br>The site is a closed landfill, surrounded by light industrial and residential areas. |  |
| <b>THREAT INDICATORS (apparent social, economic, political, ethnic, criminal, gang related, and other risk factors)</b><br>Spotcrime.com shows no reported major crimes within an approximate 1 mile radius.       |  |
| <b>COUNTERMEASURES (Current and projected risk mitigation factors)</b>   |  |
| <b>Security Systems (Reference Site Security Checklist):</b><br>None   |  |
| <b>Security Procedures (Reference Site Security Checklist):</b><br>None  |  |
| <b>Closest police station location and contact information:</b><br>Dayton Police Department – 3 <sup>rd</sup> District<br>931 Washington Street<br>Dayton, OH 45402<br>(937) 333-8950                              |  |
| <b>Other relevant observations or information to factor into the Site Security Plan:</b><br>According to SpotCrime.com, there have been no recent police reports filled near the project site area.                |  |
| <b>OVERALL SECURITY ASSESSMENT (Submit "Medium" and "High" risk assessments to Corporate Security for review)</b>  |  |
| <b>Risk Level:</b> <input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High   | <b>Date:</b> 29-Jul-13   |
| <b>Site Safety Officer:</b> John Sherrard  | <b>Division Safety Manager:</b> Ted Deecke   |
| <b>USE ATTACHMENTS FOR ADDITIONAL COMMENTS, MAPS AND DIAGRAMS</b>  |  |

## 3.2 WESTON SITE SECURITY CHECKLIST

*To be used for completing the Site Security Assessment Form required on all WESTON projects.  
Contact Corporate Security for guidance on any items that are "NEEDED" and "NOT IN PLACE".*

| CONTROL MEASURES:  | In-Place / Not In-Place  | Needed / Not Needed  |
|--|--|--|
| <b>1. Fencing, lockable gates, no holes (enter details below):</b> | <input type="checkbox"/> / <input checked="" type="checkbox"/> | <input type="checkbox"/> / <input checked="" type="checkbox"/> |
| a. Chain Link material   | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| b. Other material (describe)                                       | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| c. Height (in feet and inches)                                     | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| d. Top cover (e.g., razor wire)                                    | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| e. Signage (e.g., No Trespassing)                                  | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| <b>2. Guard service:</b>   | <input type="checkbox"/> / <input checked="" type="checkbox"/> | <input type="checkbox"/> / <input checked="" type="checkbox"/> |
| a. During working hours?   | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| b. During non-working hours?                                       | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| c. As a stationary post?   | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| d. As a roving patrol?   | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| e. Do they have written instructions?                              | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| f. Do they have adequate training?                                 | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| g. Do they have adequate supervision?                              | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| h. Do they have daily reports?                                     | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| i. Do they have daily inspections?                                 | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| <b>3. ID badges displayed by:</b>                                  | <input checked="" type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>            |
| a. Employees?  | <input checked="" type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>            |
| b. Contractors?  | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input checked="" type="checkbox"/> |
| c. Visitors?   | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input checked="" type="checkbox"/> |
| <b>4. Log books for:</b>   | <input checked="" type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>            |
| a. Employee sign-in?   | <input checked="" type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>            |
| b. Visitor sign-in?  | <input checked="" type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>            |
| c. Vehicle sign-in?  | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input checked="" type="checkbox"/> |
| d. Incident reports?   | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input checked="" type="checkbox"/> |
| e. Property removal?   | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input checked="" type="checkbox"/> |
| f. Keys and access cards?  | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input checked="" type="checkbox"/> |
| <b>5. Electronics and hardware options (enter details below):</b>  | <input type="checkbox"/> / <input checked="" type="checkbox"/> | <input type="checkbox"/> / <input checked="" type="checkbox"/> |
| a. Access card readers   | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| b. Adequate lighting   | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| c. Closed circuit TV   | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| d. Alarm system  | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| e. Other (describe)  | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| <b>6. Procedures documented for:</b>                               | <input type="checkbox"/> / <input checked="" type="checkbox"/> | <input type="checkbox"/> / <input checked="" type="checkbox"/> |
| a. Security training?  | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| b. Security instructions?  | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| c. Contingency plans?  | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| d. Opening and closing protocols?                                  | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| e. Other (describe)?   | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| <b>7. Law enforcement liaison documented for:</b>                  | <input type="checkbox"/> / <input checked="" type="checkbox"/> | <input type="checkbox"/> / <input checked="" type="checkbox"/> |
| a. Municipal police?   | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| b. County sheriff?   | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| c. State police?   | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |
| d. Federal agencies (specify)?                                     | <input type="checkbox"/> / <input type="checkbox"/>            | <input type="checkbox"/> / <input type="checkbox"/>            |

## WESTON SITE SECURITY CHECKLIST (CONTINUED)

*To be used for completing the Site Security Assessment Form required on all WESTON projects.  
Contact Corporate Security for guidance on any items that are "NEEDED" and "NOT IN PLACE".*

| CHAIN OF COMMAND:            | Name          | 24/7 Contact Information |
|------------------------------|---------------|--------------------------|
| a. Site Security Coordinator | Dave Robinson | 937-572-3630             |
| b. Site Supervisor           | John Sherrard | 513-703-3092             |
| c. Project Manager           | John Sherrard | 513-703-3092             |
| d. PC Manager                | Sally Bartz   | 517-881-5264             |

**REMARKS (use this section and supplemental pages to comment on details, exceptions or additional observations):**

## **4. TASK BY TASK ASSESSMENT**

## 4.1 TASK-BY-TASK RISK ASSESSMENT

### 4.1.1 Task 1 Description

**TASK 1: Conduct sub-slab and indoor air sampling in residential properties. These sample locations are situated above the groundwater plume. Samples will be collected and analyzed using USEPA Method TO-15 (summa canisters).**

#### EQUIPMENT REQUIRED/USED

|                      |                   |             |                 |                        |
|----------------------|-------------------|-------------|-----------------|------------------------|
| Drill / Masonry Bits | HEPA Vacuum       | Level D PPE | Summa Canisters | Hand Tools             |
| GFI Extension Cord   | Tubing / Fittings | Log Book    | Camera          | Helium Leak Chk System |

#### POTENTIAL HAZARDS/RISKS

##### Chemical

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level?

Methane has been measured in high concentrations in nearby subslab samples, multiRAE will be used to constantly monitor %LEL of workspace. Direct-read instruments have been used extensively (ppbRAE for VOC, PDR for airborne dust) during previous installation of sub-slab sample ports and indicated no detectable VOC's above background during the work. Installation of sub-slab soil gas probe will involve drilling through the concrete slab in residential basements. A HEPA vacuum will be used at the drill site during drilling to minimize the creation of airborne silica-bearing dusts.

##### Physical

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

Handtools, slips, trips, and falls. Awareness of hazards will minimize risk. Utilities should be checked and marked prior to any sub slab drilling.

##### Biological

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

Possible presence of poison ivy, ticks, mosquitoes, rodents, and other animals. Recognition of hazards and avoidance of poisonous plants will minimize risks.

##### RADIOLOGICAL

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

Minimal risk from sunlight – PPE and/or sunscreen will minimize risk.

#### LEVELS OF PROTECTION/JUSTIFICATION

**Level D PPE** – Hardhat, Safety Glasses, Steel- or Composite-Toe Boots, Class II or III Reflective Vest.

#### SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.



## TASK-BY-TASK RISK ASSESSMENT (Continued)

### 4.1.2 Task 2 Description

**TASK 2: Installation and sampling of soil gas probes outdoors near the landfill: START will oversee a subcontractor drilling firm during installation of direct-push soil gas probes in six locations near the landfill. Twelve soils probes will be installed in six locations with 4ft and 8ft depth probes co-located in six flush-mount monitoring well casings.**

#### EQUIPMENT REQUIRED/USED

|  |  |                       |   |
|--|--|-----------------------|---|
| Geoprobe Drill Rig<br>TO-15 canisters,<br>regulators | Level D PPE<br>Helium Leak Chk<br>System | Hand Tools<br>Logbook | Camera<br>Utility Locating<br>subcontractor |
|--|--|-----------------------|---|

#### POTENTIAL HAZARDS/RISKS

##### Chemical

☒ Hazard Present      Risk Level: ☐ H      ☐ M      ☒ L

What justifies risk level?

Methane has been measured in high concentrations in nearby subslab samples, multiRAE will be used to constantly monitor %LEL of workspace. Direct-read instruments have been used extensively (ppbRAE for VOC, PDR for airborne dust) during previous installation of soil gas ports and indicated no detectable breathing-zone VOC's above background during the work. Installation of sub-slab soil gas probe will be conducted with direct-push of the soil gas probe. Two probes at different depths will be located in each location.

##### Physical

☒ Hazard Present      Risk Level: ☐ H      ☐ M      ☒ L

What justifies risk level?

Handtools, slips, trips, and falls. Awareness of hazards will minimize risk. Underground utilities will be marked out by Ohio OUPS and additionally by a subcontract utility locate firm prior to any drilling. All safety features of the Geoprobe drill rig will be utilized. The subcontract drilling firm will provide any necessary traffic control and warning signs, cones, etc. Local officials (City of Moraine) have requested that any work within 5 feet of the curb will be marked along the curb with traffic cones.

##### Biological

☒ Hazard Present      Risk Level: ☐ H      ☐ M      ☒ L

What justifies risk level?

Possible presence of poison ivy, ticks, mosquitoes, rodents, and other animals. Recognition of hazards and avoidance of poisonous plants will minimize risks.

##### RADIOLOGICAL

☒ Hazard Present      Risk Level: ☐ H      ☐ M      ☒ L

What justifies risk level?

Minimal risk from sunlight – PPE and/or sunscreen will minimize risk

#### LEVELS OF PROTECTION/JUSTIFICATION

Level D PPE will be utilized for the work – Hardhat, safety glasses, steel- or composite-toe boots, reflective traffic vest and hearing protection (as needed) during drilling activities.

#### SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

## 4.1 TASK-BY-TASK RISK ASSESSMENT (Continued)

### 4.1.3 Task 3 Description

**TASK 3:** Oversight of PRP contractor's soil gas and vapor intrusion sampling. The PRP's contractor will be installing sampling ports and collecting sub-slab and indoor air samples from residential and commercial properties in the vicinity of the site.

#### EQUIPMENT REQUIRED/USED

**Level D PPE**      **Logbook**      **Camera**

#### POTENTIAL HAZARDS/RISKS

##### Chemical

☒ Hazard Present      Risk Level: ☐ H      ☐ M      ☒ L

What justifies risk level?

Risk of exposure to airborne contaminants is low. Sub-slab and indoor air concentrations of volatile organics expected to be low and the potential for active intrusion into the house is low. There is risk of exposure to airborne crystalline silica during installation of the sampling port in the concrete floor. START will maintain an adequate standoff from the active drilling work.

##### Physical

☒ Hazard Present      Risk Level: ☐ H      ☐ M      ☒ L

What justifies risk level?

Handtools, slips, trips, and falls. Awareness of hazards will minimize risk. Utilities should be checked and marked prior to any sub slab drilling.

##### Biological

☒ Hazard Present      Risk Level: ☐ H      ☐ M      ☒ L

What justifies risk level?

Possible presence of poison ivy, ticks, mosquitoes, rodents, and other animals. Recognition of hazards and avoidance of poisonous plants will minimize risks.

##### RADIOLOGICAL

☐ Hazard Present      Risk Level: ☐ H      ☐ M      ☐ L

What justifies risk level?

Minimal risk from sunlight – PPE and/or sunscreen will minimize risk.

#### LEVELS OF PROTECTION/JUSTIFICATION

**Level D PPE.** Hearing protection should be employed during drilling activities.

#### SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

## 4.1 TASK-BY-TASK RISK ASSESSMENT (Continued)

### 4.1.4 Task 4 Description

**TASK 4:**

#### EQUIPMENT REQUIRED/USED

#### POTENTIAL HAZARDS/RISKS

##### Chemical

☐ Hazard Present      Risk Level: ☐ H      ☐ M      ☐ L  
What justifies risk level?

##### Physical

☐ Hazard Present      Risk Level: ☐ H      ☐ M      ☐ L  
What justifies risk level?

##### Biological

☐ Hazard Present      Risk Level: ☐ H      ☐ M      ☐ L  
What justifies risk level?

##### RADIOLOGICAL

☐ Hazard Present      Risk Level: ☐ H      ☐ M      ☐ L  
What justifies risk level?

#### LEVELS OF PROTECTION/JUSTIFICATION

#### SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

## 4.1 TASK-BY-TASK RISK ASSESSMENT (Continued)

### 4.1.5 Task 5 Description

**TASK 5:**

#### EQUIPMENT REQUIRED/USED

#### POTENTIAL HAZARDS/RISKS

##### Chemical

☐ Hazard Present      Risk Level: ☐ H      ☐ M      ☐ L  
What justifies risk level?

##### Physical

☐ Hazard Present      Risk Level: ☐ H      ☐ M      ☐ L  
What justifies risk level?

##### Biological

☐ Hazard Present      Risk Level: ☐ H      ☐ M      ☐ L  
What justifies risk level?

##### RADIOLOGICAL

☐ Hazard Present      Risk Level: ☐ H      ☐ M      ☐ L  
What justifies risk level?

#### LEVELS OF PROTECTION/JUSTIFICATION

#### SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

## 4.2 PERSONNEL PROTECTION PLAN

## Engineering Controls

Describe Engineering Controls used as part of Personnel Protection Plan:

Task(s)

All Use of HEPA-filtered vacuum during concrete drilling activities.

## Administrative Controls

Describe Administrative Controls used as part of Personnel Protection Plan:

Task(s)

|     |   |
|-----|---|
| All | Maintain adequate clearance from all contractor work to avoid physical and airborne contaminant hazards |
|-----|---|

## Personal Protective Equipment

Action Levels for Changing Levels of Protection. Refer to Site Air Monitoring Program—Action Levels. Define Action Levels for up or down grade for each task:

Task(s)

All Level D PPE;

## Description of Levels of Protection

| Level D  | Level D Modified                             |
|--|--|
| <b><u>Task(s): All</u></b>   | <b>Task(s):</b>                              |
| <input checked="" type="checkbox"/> Head Hardhat                                 | <input type="checkbox"/> Head                |
| <input checked="" type="checkbox"/> Eye and Face Safety Glasses                  | <input type="checkbox"/> Eye and Face        |
| <input checked="" type="checkbox"/> Hearing Ear Plugs, as needed                 | <input type="checkbox"/> Hearing             |
| <input type="checkbox"/> Arms and Legs Only                                      | <input type="checkbox"/> Arms and Legs Only  |
| <input type="checkbox"/> Appropriate Work Uniform                                | <input type="checkbox"/> Whole Body          |
| <input checked="" type="checkbox"/> Hand – Gloves As needed during hand tool use | <input type="checkbox"/> Apron               |
| <input checked="" type="checkbox"/> Foot - Safety Boots Steel- or composite-toe  | <input type="checkbox"/> Hand - Gloves       |
| <input type="checkbox"/> Fall Protection   | <input type="checkbox"/> Gloves              |
| <input type="checkbox"/> Flotation   | <input type="checkbox"/> Gloves              |
| <input checked="" type="checkbox"/> Other Class II or III vest                   | <input type="checkbox"/> Foot - Safety Boots |
|  | <input type="checkbox"/> Over Boots          |

### 4.3 DESCRIPTION OF LEVELS OF PROTECTION

| Level C                                      | Level B ( ) or Level A ( )                   |
|--|--|
| <b>Task(s):</b>                              | <b>Task(s):</b>                              |
| <input type="checkbox"/> Head                | <input type="checkbox"/> Head                |
| <input type="checkbox"/> Eye and Face        | <input type="checkbox"/> Eye and Face        |
| <input type="checkbox"/> Hearing             | <input type="checkbox"/> Hearing             |
| <input type="checkbox"/> Arms and Legs Only  | <input type="checkbox"/> Arms and Legs Only  |
| <input type="checkbox"/> Whole Body          | <input type="checkbox"/> Whole Body          |
| <input type="checkbox"/> Apron               | <input type="checkbox"/> Apron               |
| <input type="checkbox"/> Hand – Gloves       | <input type="checkbox"/> Hand - Gloves       |
| <input type="checkbox"/> Gloves              | <input type="checkbox"/> Gloves              |
| <input type="checkbox"/> Gloves              | <input type="checkbox"/> Gloves              |
| <input type="checkbox"/> Foot - Safety Boots | <input type="checkbox"/> Foot - Safety Boots |
| <input type="checkbox"/> Outer Boots         | <input type="checkbox"/> Outer Boots         |
| <input type="checkbox"/> Boots (Other)       | <input type="checkbox"/> Boots (Other)       |
| <input type="checkbox"/> Half Face           | <input type="checkbox"/> SAR - Airline       |
| <input type="checkbox"/> Cart./Canister      | <input type="checkbox"/> SCBA                |
| <input type="checkbox"/> Full Face           | <input type="checkbox"/> Comb. Airline/SCBA  |
| <input type="checkbox"/> Cart./Canister      | <input type="checkbox"/> Cascade System      |
| <input type="checkbox"/> PAPR                | <input type="checkbox"/> Compressor          |
| <input type="checkbox"/> Cart./Canister      | <input type="checkbox"/> Fall Protection     |
| <input type="checkbox"/> Type C              | <input type="checkbox"/> Flotation           |
| <input type="checkbox"/> Fall Protection     | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Flotation           |  |
| <input type="checkbox"/> Other               |  |

## **5. MONITORING PROGRAM**

## 5.1 SITE OR PROJECT HAZARD MONITORING PROGRAM

### 5.1.1 Air Monitoring Instruments

#### Instrument Selection and Initial Check Record

Reporting Format: ☐ Field Notebook ☐ Field Data Sheets\* ☐ Air Monitoring Log ☐ Trip Report ☐ Other

| Instrument   | Task No.(s) | Number Required | Number Received | Checked Upon Receipt     | Comment | Initials |
|--|-------------|-----------------|-----------------|--------------------------|---------|----------|
| <input type="checkbox"/> <b>RAD</b>                              |             |                 |                 | <input type="checkbox"/> |         |          |
| <input type="checkbox"/> GM (Pancake)                            |             |                 |                 | <input type="checkbox"/> |         |          |
| <input type="checkbox"/> NaI (Micro R)                           |             |                 |                 | <input type="checkbox"/> |         |          |
| <input type="checkbox"/> ZnS (Alpha Scintillator)                |             |                 |                 | <input type="checkbox"/> |         |          |
| <input type="checkbox"/> Other _____                             |             |                 |                 | <input type="checkbox"/> |         |          |
| <input checked="" type="checkbox"/> <b>PID</b>                   |             |                 |                 | <input type="checkbox"/> |         |          |
| <input type="checkbox"/> MiniRAE                                 |             |                 |                 | <input type="checkbox"/> |         |          |
| <input checked="" type="checkbox"/> MultiRAE (LEL/O2/H2S/CO/PID) | 1           | All             |                 | <input type="checkbox"/> |         |          |
| <input type="checkbox"/> TVA 1000 (PID/FID)                      |             |                 |                 | <input type="checkbox"/> |         |          |
| <input type="checkbox"/> Other _____                             |             |                 |                 | <input type="checkbox"/> |         |          |
| <input type="checkbox"/> <b>FID</b>                              |             |                 |                 |                          |         |          |
| <input type="checkbox"/> TVA 1000 (FID/PID)                      |             |                 |                 | <input type="checkbox"/> |         |          |
| <input type="checkbox"/> Other _____                             |             |                 |                 | <input type="checkbox"/> |         |          |
| <input type="checkbox"/> <b>PDR 1000 (Particulate)</b>           |             |                 |                 | <input type="checkbox"/> |         |          |
| <input type="checkbox"/> <b>Single Gas Meter (SGM)</b>           |             |                 |                 | <input type="checkbox"/> |         |          |
| Specify Chemical:  |             |                 |                 | <input type="checkbox"/> |         |          |
| <input type="checkbox"/> <b>Personal Sampling Pump</b>           |             |                 |                 | <input type="checkbox"/> |         |          |
| Specify Media:   |             |                 |                 | <input type="checkbox"/> |         |          |
| <input type="checkbox"/> Bio-Aerosol Monitor                     |             |                 |                 | <input type="checkbox"/> |         |          |
| <input type="checkbox"/> Tubes/type: _____                       |             |                 |                 | <input type="checkbox"/> |         |          |
| <input type="checkbox"/> Tubes/type: _____                       |             |                 |                 | <input type="checkbox"/> |         |          |
| <input type="checkbox"/> <b>Detector Tube Pump</b>               |             |                 |                 | <input type="checkbox"/> |         |          |
| Pump Model: <u>Drager</u>  | 1           | All             |                 | <input type="checkbox"/> |         |          |
| Tube: <u>Benzene</u>   | 1 box       | All             |                 | <input type="checkbox"/> |         |          |
| Tube: <u>Vinyl Chloride</u>                                      | 1 box       | All             |                 | <input type="checkbox"/> |         |          |
| Tube: _____  |             |                 |                 | <input type="checkbox"/> |         |          |



## 5.1 SITE OR PROJECT HAZARD MONITORING PROGRAM

### 5.1.1 Air Monitoring Instruments Calibration Record

[illegible]

## 5.2 SITE AIR MONITORING PROGRAM

### Action Levels

These Action Levels, if not defined by regulation, are some percent (usually 50%) of the applicable PEL/TLV/REL. That number must also be adjusted to account for instrument response factors.

|  | Tasks | Action Level  |                               | Action  |
|--|-------|---|-------------------------------|---|
| <input type="checkbox"/> <b>Explosive or Flammable Atmosphere</b>                    |       | Ambient Air Concentration                                 | Confined Space Concentration  |   |
|  |       | <10% LEL  | 0 to 1% LEL                   | Work may continue. Consider toxicity potential.   |
|  |       | 10 to 25% LEL   | 1 to 10% LEL                  | Work may continue. Increase monitoring frequency.   |
|  |       | >25% LEL  | >10% LEL                      | Work must stop. Ventilate area before returning.  |
| <input type="checkbox"/> <b>Oxygen</b>   |       | Ambient Air Concentration                                 | Confined Space Concentration  |   |
|  |       | <19.5% O <sub>2</sub>                                     | <19.5% O <sub>2</sub>         | Leave area. Re-enter only with self-contained breathing apparatus.  |
|  |       | 19.5% to 25% O <sub>2</sub>                               | 19.5% to 23.5% O <sub>2</sub> | Work may continue. Investigate changes from 21%.  |
|  |       | >25% O <sub>2</sub>                                       | >23.5% O <sub>2</sub>         | Work must stop. Ventilate area before returning.  |
| <input type="checkbox"/> <b>Radiation</b>  |       | < 3 times background<br>3 times background to < 1 mR/hour |                               | Continue work.<br>Radiation above background levels (normally 0.01-0.02 mR/hr) signifies possible radiation source(s) present. Continue investigation with caution. Perform thorough monitoring. Consult with a Health Physicist. |
|  |       | > 1 mrem/hour   |                               | Potential radiation hazard. Evacuate site. Continue investigation only upon the advice of Health Physicist.   |
| <input checked="" type="checkbox"/> <b>Organic Gases and Vapors</b>                  |       | < 0.5 ppm above background in breathing zone              |                               | Level D PPE; above 0.5 ppm, measure benzene by Drager tube; if <0.5 ppm continue in Level D up to 10 ppm. > 10 ppm, STOP WORK, consult SO.  |
|  |       | >0.5 ppm Vinyl Chloride (Drager tube)                     |                               | Stop work, consult SO for options to complete work.   |
| <input checked="" type="checkbox"/> <b>Inorganic Gases, Vapors, and Particulates</b> |       | Any visible emissions during sample port installation     |                               | Stop Work – evaluate HEPA vacuum setup during drilling. Contact SO.   |

### 5.3 ACTION LEVELS

#### For Silica-Bearing Dusts:

Current OSHA PEL for silica =  $\frac{30 \text{ mg/m}^3}{\% \text{SiO}_2 + 2}$   
 (@ 20% silica in dust, PEL = 1.36mg/m<sup>3</sup>)

2003 ACGIH TLV for silica = 0.05 mg/m<sup>3</sup> (quartz dust)

Weston Action Level (0.5 x TLV) = 0.025 mg/m<sup>3</sup>

At an estimated 20% silica in concrete dust, action level based on PDR dust reading would be:

$$\frac{0.025 \text{ mg/m}^3}{0.20} = \mathbf{0.125 \text{ mg/m}^3 \text{ airborne dust by PDR.}}$$

#### For the VOC's identified at the site:

Site: START - South Dayton Dump Vapor Intrusion

Safety Factor\* = 2 (Enter value between 2 and 10; if no value entered, defaults to 2)

| Contaminant        | Exposure Limit |       | Weston Action Level | RAE Response Factor | PID Action Level | Comments                  |
|--------------------|----------------|-------|---------------------|---------------------|------------------|---------------------------|
|                    | Conc.          | Units |                     |                     |                  |                           |
| 1,1-dichloroethane | 100            | ppm   | 50.0                | NR                  | #VALUE!          | 2012 TLV                  |
| Benzene            | 0.5            | ppm   | 0.3                 | 0.53                | 0.47             | 2012 TLV                  |
| chlorobenzene      | 10             | ppm   | 5.0                 | 0.40                | 12.50            |                           |
| chloroform         | 10             | ppm   | 5.0                 | NR                  | #VALUE!          | No Response on 10.6ev PID |
| cis-1,2-DCE        | 200            | ppm   | 100.0               | 0.8                 | 125.00           |                           |
| Ethylbenzene       | 20             | ppm   | 10.0                | 0.52                | 19.23            |                           |
| Xylenes            | 100            | ppm   | 50.0                | 0.44                | 113.64           |                           |
| TCE                | 10             | ppm   | 5.0                 | 0.54                | 9.26             |                           |

\* Safety Factor: Use 2 if site is well characterized; use 3-10 depending on quality of and/or confidence in concentration data from site.

All exposure limits are 2012 TLV's

Response factor from RAE Systems Publication TN-106.

NR = No response on the PID with a 10.6 ev lamp.

#### For Vinyl Chloride:

2012 TLV = 1 ppm; Weston Action Level = 0.5 ppm (Drager tube or equiv.).

## **6. HOSPITAL INFORMATION**

## 6.1 CONTINGENCIES

### 6.1.1 Emergency Contacts and Phone Numbers

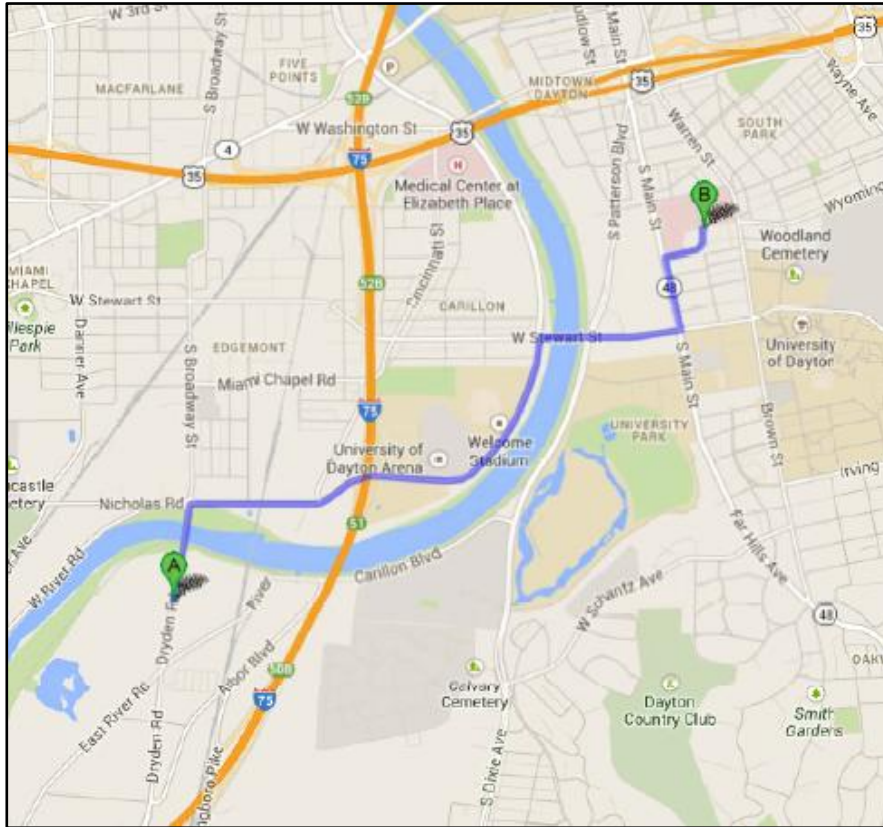
| Agency   | Contact  | Phone Number  |
|--|--|---|
| WorkCare WESTON Medical Director<br>WorkCare WESTON Program Administrator  | Dr. Peter Greaney<br>Heather Lind                  | From 6 am to 4:30 pm Pacific Time call 800-455-6155 and dial 0 for the Operator or ext. 475 for Heather Lind to request the on-call clinician.  |
| After-Business Hours Contact<br>(In Case of Emergency Only)  |  | 4:31 p.m. – 5:59 a.m. Pacific Time, all day Saturday, Sunday, and Holidays call 800-455-6155 Dial 3 to reach the after-hours answering service. Request that the service connect you with the on-call clinician or the on-call clinician will return your call within 30 minutes. |
| WESTON Corporate EHS Director  | William Irwin                                      | 610-701-5217 (office)<br>267-918-8371 (cell)  |
| WESTON Medical Programs Manager  | William Irwin                                      | 610-701-5217 (office)<br>267-918-8371 (cell)  |
| WESTON Health & Safety Division Safety Manager   | Ted Deecke   | 847-337-4147  |
| WESTON Health & Safety Local Safety Officer  | Dave Robinson                                      | 937-572-3630 (mobile)   |
| Fire Department  | Dayton Fire  | 911 or (937) 333-4501 (non-emerg. #)  |
| Police Department  | Dayton Police                                      | 911 or (937) 333-8950 (non-emerg. #)  |
| WESTON FSO Cell Phone  | John Sherrard                                      | 513-703-3092 (mobile)   |
| WESTON PM Cell Phone   | John Sherrard                                      | 513-703-3092 (mobile)   |
| Client Site Phone  | OSC Steven Renninger                               | 513-260-7849  |
| Site Telephone   | John Sherrard                                      | 513-703-3092 (mobile)   |
| Nearest Telephone  | TBD  | TBD   |
| <b>Poison Control</b>  |  | <b>(800) 222-1222</b>   |
| <b>Local Medical Emergency Facility(s) - LMF</b>   |  |   |
| Name of Hospital: Miami Valley Hospital  |  |   |
| Address: 31 Wyoming Street, Dayton, OH   |  | Phone No.: (937) 208-8000   |
| Name of Contact: Emergency Room  |  | Phone No.:  |
| <b>Type of Service:</b><br><input type="checkbox"/> Physical trauma only<br><input type="checkbox"/> Chemical exposure only<br><input checked="" type="checkbox"/> Physical trauma and chemical exposure<br><input checked="" type="checkbox"/> Available 24 hours | <b>Route to Hospital:</b><br><b>(See Attached)</b> | <b>Travel time from site:</b><br>8 min _____<br><b>Distance to hospital:</b><br>2.6 miles _____<br><b>Name/no. of 24-hr ambulance service:</b> 911  |

| Secondary or Specialty Service Provider  |  |   |
|--|--|---|
| <b>Name of Hospital:</b> Grandview Hospital  |  |   |
| <b>Address:</b> 405 West Grand Avenue, Dayton, OH  |  | <b>Phone No.:</b> (937) 723-3200  |
| <b>Name of Contact:</b> Emergency Room   |  | <b>Phone No.:</b>   |
| <b>Type of Service:</b><br><input type="checkbox"/> Physical trauma only<br><input type="checkbox"/> Chemical exposure only<br><input checked="" type="checkbox"/> Physical trauma and chemical exposure<br><input checked="" type="checkbox"/> Available 24 hours | <b>Route to Hospital (see attached):</b> | <b>Travel time from site:</b><br>9 min<br><b>Distance to hospital:</b><br>3.8 miles<br><b>Name/no. of 24-hr ambulance service:</b><br>911 / |

**See reporting an incident in Attachment F.**

## 6.1.2 Hospital Map

This map is subject to Google's Terms of Service, and Google is the owner of rights therein. Portions of this image may have been removed for clarity



**1975 Dryden Rd, Moraine, OH 45439**



1. Head north on Dryden Rd toward Nicholas Rd  
go 0.3 mi  
total 0.3 mi
2. Take the 1st right onto Nicholas Rd  
go 0.2 mi  
total 0.5 mi
3. Continue onto S Edwin C Moses Blvd  
About 3 mins  
go 1.2 mi  
total 1.7 mi
4. Turn right onto W Stewart St  
About 2 mins  
go 0.4 mi  
total 2.2 mi
5. Turn left onto S Main St  
About 1 min  
go 0.2 mi  
total 2.4 mi
6. Turn right onto Wyoming St  
go 0.2 mi  
total 2.6 mi
7. Turn right to stay on Wyoming St  
Destination will be on the left  
go 43 ft  
total 2.6 mi



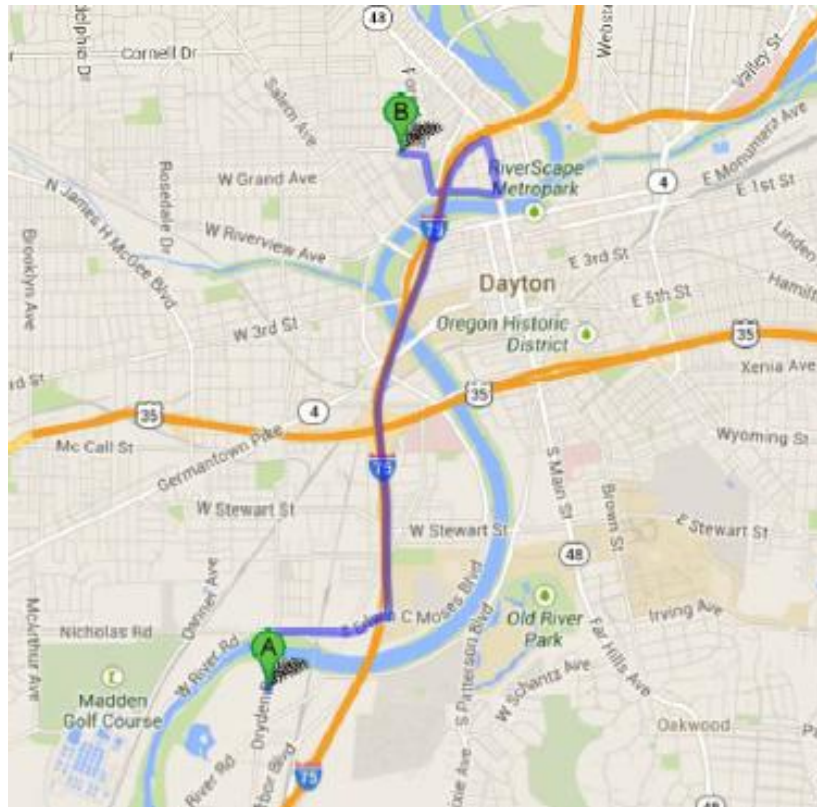
**Miami Valley Hospital: Bariatric Surgery Center**  
1 Wyoming St, Dayton, OH 45409

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2013 Google

## South Dayton Dump Site to Grandview Hospital

This map is subject to Google's Terms of Service, and Google is the owner of rights therein. Portions of this image may have been removed for clarity



**A** 1975 Dryden Rd, Moraine, OH 45439

1. Head north on Dryden Rd toward Nicholas Rd  
go 0.3 mi  
total 0.3 mi
2. Take the 1st right onto Nicholas Rd  
go 0.2 mi  
total 0.5 mi
3. Continue onto S Edwin C Moses Blvd  
About 1 min  
go 0.4 mi  
total 0.9 mi
4. Turn left onto the Interstate 75 N ramp to Toledo  
About 54 secs  
go 0.2 mi  
total 1.1 mi
5. Merge onto I-75 N  
About 3 mins  
go 2.1 mi  
total 3.2 mi
6. Take exit 54A for Ohio 48/Main St  
go 0.4 mi  
total 3.6 mi
7. Turn right onto N Main St  
About 56 secs  
go 0.3 mi  
total 3.9 mi
8. Turn right onto W Riverview Ave  
About 59 secs  
go 0.3 mi  
total 4.2 mi
9. Slight right onto Forest Ave  
About 50 secs  
go 0.2 mi  
total 4.4 mi
10. Turn left onto W Grand Ave  
Destination will be on the right  
About 49 secs  
go 0.1 mi  
total 4.6 mi

**B** Grandview Medical Center  
405 W Grand Ave, Dayton, OH 45405



## 6.2 CONTINGENCIES

### 6.2.1 Response Plans

|  |  |  |  |                               |   |
|--|--|--|--|-------------------------------|---|
| <b>Medical - General</b><br><br>Provide first aid, if trained; assess and determine need for further medical assistance.<br><br>Transport or arrange for transport after appropriate decontamination.<br><br>LMF = Local Medical Facility                                      |  | First Aid Kit:<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Blood Borne Pathogens Kit:<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <b>Type</b><br>Standard 20-man and infection control kit | <b>Location</b><br>In Vehicle | Special First-Aid Procedures:<br>Cyanides on-site<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, contact LMF. Do they have antidote kit?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|  |  | Eyewash required<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Type</b><br>4 x 4 oz bottles                          | <b>Location</b><br>In Vehicle | <b>HF on-site</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, need neutralizing ointment for first-aid kit. Contact LMF.  |
|  |  | Shower required<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <b>Type</b>  | <b>Location</b>               |   |
| <b>Plan for Response to Spill/Release</b><br><br>In the event of a spill or release, ensure safety, assess situation, and perform containment and control measures, as appropriate.  |  | <b>Plan for Response to Fire/Explosion</b><br><br>In the event of a fire or explosion, ensure personal safety, assess situation, and perform containment and control measures, as appropriate: |  |                               | <b>Fire Extinguishers</b><br><br>Type/Location<br><u>ABC/Vehicle</u><br>/<br>/<br>/<br>/<br>/<br>/  |
| a. Cleanup per SDSs if small; or sound alarm, call for assistance, notify Emergency Coordinator<br><br>b. Evacuate to pre-determined safe place<br><br>c. Account for personnel<br><br>d. Determine if team can respond safely<br><br>e. Mobilize per Site Spill Response Plan | a. Sound alarm and call for assistance, notify Emergency Coordinator<br><br>b. Evacuate to predetermined safe place<br><br>c. Account for personnel<br><br>d. Use fire extinguisher <u>only if safe and trained</u> in its use<br><br>e. Stand by to inform emergency responders of materials and conditions |  |  |                               |   |
| Description of Spill Response Gear   | Location   | Description (Other Fire Response Equipment)  |  | Location                      |   |
|  |  |  |  |                               |   |
| Plan to Respond to Security Problems   |  |  |  |                               |   |
| Avoid confrontation, call 911, and alert OSC   |  |  |  |                               |   |
|  |  |  |  |                               |   |
|  |  |  |  |                               |   |

## **7. DECONTAMINATION PLAN**

## 7.1 GENERAL DECONTAMINATION PLAN

### Personnel Decontamination

Consistent with the levels of protection required, step-by-step procedures for personnel decontamination for each level of protection are attached.

### Levels of Protection Required for Decontamination Personnel

The levels of protection required for personnel assisting with decontamination will be:

☐ Level B

☐ Level C

☒ Level D

Modifications include:

### Disposition of Decontamination Wastes

Provide a description of waste disposition including identification of storage area, hauler, and final disposal site, if applicable

Bag PPE waste and transport offsite (from residences) for disposal.

### Equipment Decontamination

A procedure for decontamination steps required for non-sampling equipment and heavy machinery follows:

No decontamination is anticipated.

### Sampling Equipment Decontamination

Sampling equipment will be decontaminated in accordance with the following procedure:

Remove dust from drill bit and other equipment with moist paper towel or rag. Bag waste for removal from site.

Wet clean HEPA vacuum at completion of work.

## 7.2 LEVEL D DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

| Function  | Description of Process, Solution, and Container |
|---|---|
| <input type="checkbox"/> Segregated equipment drop  |   |
| <input type="checkbox"/> Boot cover and glove wash  |   |
| <input type="checkbox"/> Boot cover and glove rinse   |   |
| <input type="checkbox"/> Tape removal - outer glove and boot                                    |   |
| <input type="checkbox"/> Boot cover removal   |   |
| <input checked="" type="checkbox"/> Outer glove removal   | Remove leather gloves, if applicable.           |
| <b>HOTLINE</b>  |   |
| <input type="checkbox"/> Suit/safety boot wash  |   |
| <input type="checkbox"/> Suit/boot/glove rinse  |   |
| <input type="checkbox"/> Safety boot removal  |   |
| <input type="checkbox"/> Suit removal   |   |
| <input type="checkbox"/> Inner glove wash   |   |
| <input type="checkbox"/> Inner glove rinse  |   |
| <input checked="" type="checkbox"/> Inner glove removal   | Dispose in trash bag                            |
| <input type="checkbox"/> Inner clothing removal   |   |
| <b>CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY</b>                                    |   |
| <input checked="" type="checkbox"/> Field wash  | Wash hands & face prior to eating or drinking   |
| <input type="checkbox"/> Redress  |   |
| <b>Disposal Plan, End of Day:</b><br>Dispose of used PPE in trash bag and place in solid waste. |   |
| <b>Disposal Plan, End of Week:</b><br>See Above   |   |
| <b>Disposal Plan, End of Project:</b><br>See Above  |   |

### HOTLINE

### CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY

#### Disposal Plan, End of Day:

Dispose of used PPE in trash bag and place in solid waste.

#### Disposal Plan, End of Week:

See Above

#### Disposal Plan, End of Project:

See Above

### 7.3 LEVEL C DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

| Function   | Description of Process, Solution, and Container |
|--|---|
| <input type="checkbox"/> Segregated equipment drop           |   |
| <input type="checkbox"/> Boot cover and glove wash           |   |
| <input type="checkbox"/> Boot cover and glove rinse          |   |
| <input type="checkbox"/> Tape removal - outer glove and boot |   |
| <input type="checkbox"/> Boot cover removal                  |   |
| <input type="checkbox"/> Outer glove removal                 |   |
| <b>HOTLINE</b>   |   |
| <input type="checkbox"/> Suit/safety boot wash               |   |
| <input type="checkbox"/> Suit/boot/glove rinse               |   |
| <input type="checkbox"/> Safety boot removal                 |   |
| <input type="checkbox"/> Suit removal                        |   |
| <input type="checkbox"/> Inner glove wash                    |   |
| <input type="checkbox"/> Inner glove rinse                   |   |
| <input type="checkbox"/> Facepiece removal                   |   |
| <input type="checkbox"/> Inner glove removal                 |   |
| <input type="checkbox"/> Inner clothing removal              |   |
| <b>CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY</b> |   |
| <input type="checkbox"/> Field wash                          |   |
| <input type="checkbox"/> Redress                             |   |
| <b>Disposal Plan, End of Day:</b>                            |   |
| <b>Disposal Plan, End of Week:</b>                           |   |
| <b>Disposal Plan, End of Project:</b>                        |   |

## 7.4 LEVEL B ( ) or Level A ( ) DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

| Function  | Description of Process, Solution, and Container |
|---|---|
| <input type="checkbox"/> Segregated equipment drop                  |   |
| <input type="checkbox"/> Boot cover and glove wash                  |   |
| <input type="checkbox"/> Boot cover and glove rinse                 |   |
| <input type="checkbox"/> Tape removal - outer glove and boot        |   |
| <input type="checkbox"/> Boot cover removal                         |   |
| <input type="checkbox"/> Outer glove removal                        |   |
| <b>HOTLINE</b>  |   |
| <input type="checkbox"/> Suit/safety boot wash                      |   |
| <input type="checkbox"/> Suit/SCBA/boot/glove rinse                 |   |
| <input type="checkbox"/> Safety boot removal                        |   |
| <input type="checkbox"/> Remove SCBA backpack without disconnecting |   |
| <input type="checkbox"/> Splash suit removal                        |   |
| <input type="checkbox"/> Inner glove wash                           |   |
| <input type="checkbox"/> Inner glove rinse                          |   |
| <input type="checkbox"/> SCBA disconnect and facepiece removal      |   |
| <input type="checkbox"/> Inner glove removal                        |   |
| <input type="checkbox"/> Inner clothing removal                     |   |
| <b>CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY</b>        |   |
| <input type="checkbox"/> Field wash                                 |   |
| <input type="checkbox"/> Redress                                    |   |
| <b>Disposal Plan, End of Day:</b>                                   |   |
| <b>Disposal Plan, End of Week:</b>                                  |   |
| <b>Disposal Plan, End of Project:</b>                               |   |

## **8. TRAINING AND BRIEFING TOPICS/SIGN OFF SHEET**

## 8.1 TRAINING AND BRIEFING TOPICS

The following items will be covered at the site-specific training meeting, daily or periodically.

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Site characterization and analysis, Sec. 3.0, 29 CFR 1910.120 I     | <input type="checkbox"/> Level A  |
| <input checked="" type="checkbox"/> Physical hazards  | <input type="checkbox"/> Level B  |
| <input checked="" type="checkbox"/> Chemical hazards  | <input type="checkbox"/> Level C  |
| <input checked="" type="checkbox"/> Animal bites, stings, and poisonous plants                          | <input checked="" type="checkbox"/> Level D   |
| <input type="checkbox"/> Etiologic (infectious) agents  | <input type="checkbox"/> Monitoring, 29 CFR 1910.120 (h)  |
| <input type="checkbox"/> Site control, 29 CFR 1910.120 d  | <input checked="" type="checkbox"/> Decontamination, 29 CFR 1910.120 (k)                                  |
| <input type="checkbox"/> Engineering controls and work practices, 29 CFR 1910.120 (g)                   | <input checked="" type="checkbox"/> Emergency response, 29 CFR 1910.120 (l)                               |
| <input checked="" type="checkbox"/> Heavy machinery (Drilling equipment)                                | <input checked="" type="checkbox"/> Elements of an emergency response, 29 CFR 1910.120 (l)                |
| <input type="checkbox"/> Forklift   | <input checked="" type="checkbox"/> Procedures for handling site emergency incidents, 29 CFR 1910.120 (l) |
| <input type="checkbox"/> Backhoe  | <input type="checkbox"/> Off-site emergency response, 29 CFR 1910.120 (l)                                 |
| <input checked="" type="checkbox"/> Equipment   | <input type="checkbox"/> Handling drums and containers, 29 CFR 1910.120 (j)                               |
| <input checked="" type="checkbox"/> Tools   | <input type="checkbox"/> Opening drums and containers   |
| <input type="checkbox"/> Ladder, 29 CFR 1910.27 (d)/29 CFR 1926   | <input type="checkbox"/> Electrical material handling equipment   |
| <input type="checkbox"/> Overhead and underground utilities   | <input type="checkbox"/> Radioactive waste  |
| <input type="checkbox"/> Scaffolds  | <input type="checkbox"/> Shock-sensitive waste  |
| <input type="checkbox"/> Structural integrity   | <input type="checkbox"/> Laboratory waste packs   |
| <input type="checkbox"/> Unguarded openings - wall, floor, ceilings                                     | <input type="checkbox"/> Sampling drums and containers  |
| <input type="checkbox"/> Pressurized air cylinders  | <input checked="" type="checkbox"/> Shipping and transport, 49 CFR 172.101, IATA                          |
| <input checked="" type="checkbox"/> Personal protective equipment, 29 CFR 1910.120 (g); 29 CFR 1910.134 | <input type="checkbox"/> Tank and vault procedures  |
| <input type="checkbox"/> Respiratory protection, 29 CFR 1910.120 (g); ANSI Z88.2                        | <input checked="" type="checkbox"/> Illumination, 29 CFR 1910.120 (m)                                     |
| <input type="checkbox"/> Working over water FLD-19 <input type="checkbox"/>                             | <input checked="" type="checkbox"/> Sanitation, 29 CFR 1910.120 (n)                                       |
| <input type="checkbox"/> Boating safety FLD-18  | <input type="checkbox"/> Proper lifting techniques  |
| <input checked="" type="checkbox"/> Heat Stress / Cold Stress   | <input type="checkbox"/>  |



## 8.2 HEALTH AND SAFETY PLAN APPROVAL/SIGNOFF FORM

**Site Name:** South Dayton Dump Landfill

**WO#:** 20405.012.001.2219.00

**Address:** 1975 Dryden Road, Moraine, Ohio

I understand, agree to, and will conform with the information set forth in this Health and Safety Plan (and attachments) and discussed in the personnel health and safety briefing(s).

**Name**

**Signature**

**Date**

---

**ATTACHMENT A**  
**CHEMICAL CONTAMINANTS DATA SHEETS**

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Insert sheets on following page.

## NIOSH Pocket Guide to Chemical Hazards

|   |  |  |  |
|---|--|--|--|
| 1,1-Dichloroethane  |  |  | CAS 75-34-3                                |
| CHCl <sub>2</sub> CH <sub>3</sub>   |  |  | RTECS <a href="#">K10175000</a>            |
| Synonyms & Trade Names<br>Asymmetrical dichloroethane; Ethylidene chloride; 1,1-Ethylidene dichloride   |  |  | DOT ID & Guide<br>2362 <a href="#">130</a> |
| Exposure Limits   | NIOSH REL: TWA 100 ppm (400 mg/m <sup>3</sup> ) <a href="#">See Appendix C</a> (Chloroethanes) |  |  |
|   | OSHA PEL: TWA 100 ppm (400 mg/m <sup>3</sup> )   |  |  |
| IDLH 3000 ppm See: <a href="#">75343</a>  |  | Conversion 1 ppm = 4.05 mg/m <sup>3</sup>  |  |
| Physical Description<br>Colorless, oily liquid with a chloroform-like odor.   |  |  |  |
| MW: 99.0  | BP: 135°F  | FRZ: -143°F  | Sol: 0.6%                                  |
| VP: 182 mmHg  | IP: 11.06 eV   |  | Sp.Gr: 1.18                                |
| Fl.P: 2°F   | UEL: 11.4%   | LEL: 5.4%  |  |
| Class IB Flammable Liquid: Fl.P. below 73°F and BP at or above 100°F.   |  |  |  |
| Incompatibilities & Reactivities<br>Strong oxidizers, strong caustics   |  |  |  |
| Measurement Methods<br>NIOSH <a href="#">1003</a> ; OSHA <a href="#">7</a><br>See: <a href="#">NMAM</a> or <a href="#">OSHA Methods</a>   |  |  |  |
| Personal Protection & Sanitation ( <a href="#">See protection</a> )<br>Skin: Prevent skin contact<br>Eyes: Prevent eye contact<br>Wash skin: When contaminated<br>Remove: When wet (flammable)<br>Change: No recommendation   |  | First Aid ( <a href="#">See procedures</a> )<br>Eye: Irrigate immediately<br>Skin: Soap flush promptly<br>Breathing: Respiratory support<br>Swallow: Medical attention immediately |  |
| <a href="#">Important additional information about respirator selection</a>   |  |  |  |
| Respirator Recommendations NIOSH/OSHA<br>Up to 1000 ppm:<br>(APF = 10) Any supplied-air respirator<br>Up to 2500 ppm:<br>(APF = 25) Any supplied-air respirator operated in a continuous-flow mode<br>Up to 3000 ppm:<br>(APF = 50) Any self-contained breathing apparatus with a full facepiece<br>(APF = 50) Any supplied-air respirator with a full facepiece<br>Emergency or planned entry into unknown concentrations or IDLH conditions:<br>(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode<br>(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus<br>Escape:<br>(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/Any appropriate escape-type, self-contained breathing apparatus |  |  |  |
| Exposure Routes inhalation, ingestion, skin and/or eye contact  |  |  |  |
| Symptoms Irritation skin; central nervous system depression; liver, kidney, lung damage   |  |  |  |
| Target Organs Skin, liver, kidneys, lungs, central nervous system   |  |  |  |

## NIOSH Pocket Guide to Chemical Hazards

|  |   |   |   |
|--|---|---|---|
| <b>Benzene</b>   |   |   | CAS 71-43-2   |
| <b>C<sub>6</sub>H<sub>6</sub></b>  |   |   | RTECS <a href="#">CY1400000</a>                       |
| <b>Synonyms &amp; Trade Names</b><br>Benzol, Phenyl hydride  |   |   | <b>DOT ID &amp; Guide</b><br>1114 <a href="#">130</a> |
| <b>Exposure Limits</b>   | NIOSH REL: Ca TWA 0.1 ppm ST 1 ppm <a href="#">See Appendix A</a>       |   |   |
|  | OSHA PEL: [1910.1028] TWA 1 ppm ST 5 ppm <a href="#">See Appendix F</a> |   |   |
| IDLH Ca [500 ppm] See: <a href="#">71432</a>   |   | <b>Conversion</b> 1 ppm = 3.19 mg/m <sup>3</sup>  |   |
| <b>Physical Description</b><br>Colorless to light-yellow liquid with an aromatic odor. [Note: A solid below 42°F.]   |   |   |   |
| MW: 78.1   | BP: 176°F   | FRZ: 42°F   | Sol: 0.07%  |
| VP: 75 mmHg  | IP: 9.24 eV   |   | Sp.Gr: 0.88   |
| Fl.P: 12°F   | UEL: 7.8%   | LEL: 1.2%   |   |
| Class IB Flammable Liquid: Fl.P. below 73°F and BP at or above 100°F.  |   |   |   |
| <b>Incompatibilities &amp; Reactivities</b><br>Strong oxidizers, many fluorides & perchlorates, nitric acid  |   |   |   |
| <b>Measurement Methods</b><br>NIOSH <a href="#">1500</a> , <a href="#">1501</a> , <a href="#">3700</a> , <a href="#">3800</a> ; OSHA <a href="#">12</a> , <a href="#">1005</a><br>See: <a href="#">NMAM</a> or <a href="#">OSHA Methods</a>  |   |   |   |
| <b>Personal Protection &amp; Sanitation</b> ( <a href="#">See protection</a> )<br>Skin: Prevent skin contact<br>Eyes: Prevent eye contact<br>Wash skin: When contaminated<br>Remove: When wet (flammable)<br>Change: No recommendation<br>Provide: Eyewash, Quick drench   |   | <b>First Aid</b> ( <a href="#">See procedures</a> )<br>Eye: Irrigate immediately<br>Skin: Soap wash immediately<br>Breathing: Respiratory support<br>Swallow: Medical attention immediately |   |
| <a href="#">Important additional information about respirator selection</a>  |   |   |   |
| <b>Respirator Recommendations</b> ( <a href="#">See Appendix E</a> ) NIOSH<br><b>At concentrations above the NIOSH REL, or where there is no REL, at any detectable concentration:</b><br>(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode<br>(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus<br><b>Escape:</b><br>(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/Any appropriate escape-type, self-contained breathing apparatus |   |   |   |
| <b>Exposure Routes</b> inhalation, skin absorption, ingestion, skin and/or eye contact   |   |   |   |
| <b>Symptoms</b> Irritation eyes, skin, nose, respiratory system; dizziness; headache, nausea, staggered gait; anorexia, lassitude (weakness, exhaustion); dermatitis; bone marrow depression; [potential occupational carcinogen]  |   |   |   |
| <b>Target Organs</b> Eyes, skin, respiratory system, blood, central nervous system, bone marrow  |   |   |   |
| <b>Cancer Site</b> [leukemia]  |   |   |   |

# NIOSH Pocket Guide to Chemical Hazards

|   |   |  |             |
|---|---|--|-------------|
| <b>Chlorobenzene</b>  |   | <b>CAS</b> 108-90-7  |             |
| <b>C<sub>6</sub>H<sub>5</sub>Cl</b>   |   | <b>RTECS</b> <a href="#">CZ0175000</a>   |             |
| <b>Synonyms &amp; Trade Names</b><br>Benzene chloride, Chlorobenzol, MCB, Monochlorobenzene, Phenyl chloride  |   | <b>DOT ID &amp; Guide</b><br>1134 <a href="#">130</a>  |             |
| <b>Exposure Limits</b>  | NIOSH REL: <a href="#">See Appendix D</a>     |  |             |
|   | OSHA PEL: TWA 75 ppm (350 mg/m <sup>3</sup> ) |  |             |
| IDLH 1000 ppm See: <a href="#">108907</a>   |   | <b>Conversion</b> 1 ppm = 4.61 mg/m <sup>3</sup>   |             |
| <b>Physical Description</b><br>Colorless liquid with an almond-like odor.   |   |  |             |
| MW: 112.6   | BP: 270°F                                     | FRZ: -50°F   | Sol: 0.05%  |
| VP: 9 mmHg  | IP: 9.07 eV                                   |  | Sp.Gr: 1.11 |
| Fl.P: 82°F  | UEL: 9.6%                                     | LEL: 1.3%  |             |
| Class IC Flammable Liquid: Fl.P. at or above 73°F and below 100°F.  |   |  |             |
| <b>Incompatibilities &amp; Reactivities</b><br>Strong oxidizers   |   |  |             |
| <b>Measurement Methods</b><br>NIOSH <a href="#">1003</a> ; OSHA <a href="#">7</a><br>See: <a href="#">NMAM</a> or <a href="#">OSHA Methods</a>  |   |  |             |
| <b>Personal Protection &amp; Sanitation</b> ( <a href="#">See protection</a> )<br>Skin: Prevent skin contact<br>Eyes: Prevent eye contact<br>Wash skin: When contaminated<br>Remove: When wet (flammable)<br>Change: No recommendation  |   | <b>First Aid</b> ( <a href="#">See procedures</a> )<br>Eye: Irrigate immediately<br>Skin: Soap wash promptly<br>Breathing: Respiratory support<br>Swallow: Medical attention immediately |             |
| <a href="#">Important additional information about respirator selection</a>   |   |  |             |
| <b>Respirator Recommendations</b> OSHA<br><b>Up to 1000 ppm:</b><br>(APF = 25) Any supplied-air respirator operated in a continuous-flow mode <sup>£</sup><br>(APF = 25) Any powered, air-purifying respirator with organic vapor cartridge(s) <sup>£</sup><br>(APF = 50) Any chemical cartridge respirator with a full facepiece and organic vapor cartridge(s)<br>(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister<br>(APF = 50) Any self-contained breathing apparatus with a full facepiece<br>(APF = 50) Any supplied-air respirator with a full facepiece<br><b>Emergency or planned entry into unknown concentrations or IDLH conditions:</b><br>(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode<br>(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus<br><b>Escape:</b><br>(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/Any appropriate escape-type, self-contained breathing apparatus |   |  |             |
| <b>Exposure Routes</b> inhalation, ingestion, skin and/or eye contact   |   |  |             |
| <b>Symptoms</b> Irritation eyes, skin, nose; drowsiness, incoordination; central nervous system depression; in animals: liver, lung, kidney injury  |   |  |             |
| <b>Target Organs</b> Eyes, skin, respiratory system, central nervous system, liver  |   |  |             |

# NIOSH Pocket Guide to Chemical Hazards

|   |   |  |   |
|---|---|--|---|
| <b>Chloroform</b>   |   |  | CAS 67-66-3   |
| <b>CHCl<sub>3</sub></b>   |   |  | RTECS <a href="#">FS9100000</a>                       |
| <b>Synonyms &amp; Trade Names</b><br>Methane trichloride, Trichloromethane  |   |  | <b>DOT ID &amp; Guide</b><br>1888 <a href="#">151</a> |
| <b>Exposure Limits</b>  | NIOSH REL: Ca ST 2 ppm (9.78 mg/m <sup>3</sup> ) [60-minute] <a href="#">See Appendix A</a> |  |   |
|   | OSHA PEL†: C 50 ppm (240 mg/m <sup>3</sup> )  |  |   |
| IDLH Ca [500 ppm] See: <a href="#">67663</a>  |   | <b>Conversion</b> 1 ppm = 4.88 mg/m <sup>3</sup>   |   |
| <b>Physical Description</b><br>Colorless liquid with a pleasant odor.   |   |  |   |
| MW: 119.4   | BP: 143°F   | FRZ: -82°F   | Sol(77°F): 0.5%                                       |
| VP: 160 mmHg  | IP: 11.42 eV  |  | Sp.Gr: 1.48   |
| Fl.P: NA  | UEL: NA   | LEL: NA  |   |
| Noncombustible Liquid   |   |  |   |
| <b>Incompatibilities &amp; Reactivities</b><br>Strong caustics; chemically-active metals such as aluminum or magnesium powder, sodium & potassium; strong oxidizers [Note: When heated to decomposition, forms phosgene gas.]   |   |  |   |
| <b>Measurement Methods</b><br>NIOSH <a href="#">1003</a><br>See: <a href="#">NMAM</a> or <a href="#">OSHA Methods</a>   |   |  |   |
| <b>Personal Protection &amp; Sanitation</b> ( <a href="#">See protection</a> )<br>Skin: Prevent skin contact<br>Eyes: Prevent eye contact<br>Wash skin: When contaminated<br>Remove: When wet or contaminated<br>Change: No recommendation<br>Provide: Eyewash, Quick drench  |   | <b>First Aid</b> ( <a href="#">See procedures</a> )<br>Eye: Irrigate immediately<br>Skin: Soap wash promptly<br>Breathing: Respiratory support<br>Swallow: Medical attention immediately |   |
| <a href="#">Important additional information about respirator selection</a>   |   |  |   |
| <b>Respirator Recommendations</b> NIOSH<br><b>At concentrations above the NIOSH REL, or where there is no REL, at any detectable concentration:</b><br>(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode<br>(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus<br><b>Escape:</b><br>(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/Any appropriate escape-type, self-contained breathing apparatus |   |  |   |
| <b>Exposure Routes</b> inhalation, skin absorption, ingestion, skin and/or eye contact  |   |  |   |
| <b>Symptoms</b> Irritation eyes, skin; dizziness, mental dullness, nausea, confusion; headache, lassitude (weakness, exhaustion); anesthesia; enlarged liver; [potential occupational carcinogen]   |   |  |   |
| <b>Target Organs</b> Liver, kidneys, heart, eyes, skin, central nervous system  |   |  |   |
| <b>Cancer Site</b> [in animals: liver & kidney cancer]  |   |  |   |

# NIOSH Pocket Guide to Chemical Hazards

|   |   |  |                   |
|---|---|--|-------------------|
| <b>1,2-Dichloroethylene</b>   |   | <b>CAS</b> 540-59-0  |                   |
| <b>CICH=CHCl</b>  |   | <b>RTECS</b> <a href="#">KV9360000</a>   |                   |
| <b>Synonyms &amp; Trade Names</b><br>Acetylene dichloride, cis-Acetylene dichloride, trans-Acetylene dichloride, sym-Dichloroethylene   |   | <b>DOT ID &amp; Guide</b><br>1150 <a href="#">130P</a>   |                   |
| <b>Exposure Limits</b>  | NIOSH REL: TWA 200 ppm (790 mg/m <sup>3</sup> )<br>OSHA PEL: TWA 200 ppm (790 mg/m <sup>3</sup> ) |  |                   |
| <b>IDLH</b> 1000 ppm See: <a href="#">540590</a>  |   | <b>Conversion</b> 1 ppm = 3.97 mg/m <sup>3</sup>   |                   |
| <b>Physical Description</b><br>Colorless liquid (usually a mixture of the cis & trans isomers) with a slightly acrid, chloroform-like odor.   |   |  |                   |
| MW: 97.0  | BP: 118-140°F   | FRZ: -57 to -115°F   | Sol: 0.4%         |
| VP: 180-265 mmHg  | IP: 9.65 eV   |  | Sp.Gr(77°F): 1.27 |
| Fl.P: 36-39°F   | UEL: 12.8%  | LEL: 5.6%  |                   |
| Class IB Flammable Liquid: Fl.P. below 73°F and BP at or above 100°F.   |   |  |                   |
| <b>Incompatibilities &amp; Reactivities</b><br>Strong oxidizers, strong alkalis, potassium hydroxide, copper [Note: Usually contains inhibitors to prevent polymerization.]   |   |  |                   |
| <b>Measurement Methods</b><br>NIOSH <a href="#">1003</a> ; OSHA <a href="#">7</a><br>See: <a href="#">NMAM</a> or <a href="#">OSHA Methods</a>  |   |  |                   |
| <b>Personal Protection &amp; Sanitation</b> ( <a href="#">See protection</a> )<br>Skin: Prevent skin contact<br>Eyes: Prevent eye contact<br>Wash skin: When contaminated<br>Remove: When wet (flammable)<br>Change: No recommendation  |   | <b>First Aid</b> ( <a href="#">See procedures</a> )<br>Eye: Irrigate immediately<br>Skin: Soap wash promptly<br>Breathing: Respiratory support<br>Swallow: Medical attention immediately |                   |
| <a href="#">Important additional information about respirator selection</a>   |   |  |                   |
| <b>Respirator Recommendations</b> NIOSH/OSHA<br><b>Up to 2000 ppm:</b><br>(APF = 25) Any supplied-air respirator operated in a continuous-flow mode <sup>£</sup><br>(APF = 25) Any powered, air-purifying respirator with organic vapor cartridge(s) <sup>£</sup><br>(APF = 50) Any chemical cartridge respirator with a full facepiece and organic vapor cartridge(s)<br>(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister<br>(APF = 50) Any self-contained breathing apparatus with a full facepiece<br>(APF = 50) Any supplied-air respirator with a full facepiece<br><b>Emergency or planned entry into unknown concentrations or IDLH conditions:</b><br>(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode<br>(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus<br><b>Escape:</b><br>(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/Any appropriate escape-type, self-contained breathing apparatus |   |  |                   |
| <b>Exposure Routes</b> inhalation, ingestion, skin and/or eye contact   |   |  |                   |
| <b>Symptoms</b> Irritation eyes, respiratory system; central nervous system depression  |   |  |                   |
| <b>Target Organs</b> Eyes, respiratory system, central nervous system   |   |  |                   |

# NIOSH Pocket Guide to Chemical Hazards

|   |             |  |   |
|---|-------------|--|---|
| <b>Ethyl benzene</b>  |             |  | <b>CAS</b> 100-41-4                                   |
| <b>CH<sub>3</sub>CH<sub>2</sub>C<sub>6</sub>H<sub>5</sub></b>   |             |  | <b>RTECS</b> <a href="#">DA0700000</a>                |
| <b>Synonyms &amp; Trade Names</b><br>Ethylbenzol, Phenylethane  |             |  | <b>DOT ID &amp; Guide</b><br>1175 <a href="#">130</a> |
| <b>Exposure Limits</b>  |             | NIOSH REL: TWA 100 ppm (435 mg/m <sup>3</sup> ) ST 125 ppm (545 mg/m <sup>3</sup> )<br>OSHA PEL†: TWA 100 ppm (435 mg/m <sup>3</sup> )   |   |
| IDLH 800 ppm [10%LEL] See: <a href="#">100414</a>   |             | <b>Conversion</b> 1 ppm = 4.34 mg/m <sup>3</sup>   |   |
| <b>Physical Description</b><br>Colorless liquid with an aromatic odor.  |             |  |   |
| MW: 106.2   | BP: 277°F   | FRZ: -139°F  | Sol: 0.01%  |
| VP: 7 mmHg  | IP: 8.76 eV |  | Sp.Gr: 0.87   |
| Fl.P: 55°F  | UEL: 6.7%   | LEL: 0.8%  |   |
| Class IB Flammable Liquid: Fl.P. below 73°F and BP at or above 100°F.   |             |  |   |
| <b>Incompatibilities &amp; Reactivities</b><br>Strong oxidizers   |             |  |   |
| <b>Measurement Methods</b><br>NIOSH <a href="#">1501</a> ; OSHA <a href="#">7</a> , <a href="#">1002</a><br>See: <a href="#">NMAM</a> or <a href="#">OSHA Methods</a>   |             |  |   |
| <b>Personal Protection &amp; Sanitation</b> ( <a href="#">See protection</a> )<br>Skin: Prevent skin contact<br>Eyes: Prevent eye contact<br>Wash skin: When contaminated<br>Remove: When wet (flammable)<br>Change: No recommendation  |             | <b>First Aid</b> ( <a href="#">See procedures</a> )<br>Eye: Irrigate immediately<br>Skin: Water flush promptly<br>Breathing: Respiratory support<br>Swallow: Medical attention immediately |   |
| <a href="#">Important additional information about respirator selection</a>   |             |  |   |
| <b>Respirator Recommendations</b> NIOSH/OSHA<br><b>Up to 800 ppm:</b><br>(APF = 10) Any chemical cartridge respirator with organic vapor cartridge(s)*<br>(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister<br>(APF = 25) Any powered, air-purifying respirator with organic vapor cartridge(s)*<br>(APF = 10) Any supplied-air respirator*<br>(APF = 50) Any self-contained breathing apparatus with a full facepiece<br><b>Emergency or planned entry into unknown concentrations or IDLH conditions:</b><br>(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode<br>(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus<br><b>Escape:</b><br>(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/Any appropriate escape-type, self-contained breathing apparatus |             |  |   |
| <b>Exposure Routes</b> inhalation, ingestion, skin and/or eye contact   |             |  |   |
| <b>Symptoms</b> Irritation eyes, skin, mucous membrane; headache; dermatitis; narcosis, coma  |             |  |   |
| <b>Target Organs</b> Eyes, skin, respiratory system, central nervous system   |             |  |   |



# NIOSH Pocket Guide to Chemical Hazards

|  |   |  |   |
|--|---|--|---|
| <b>o-Xylene</b>  |   |  | CAS 95-47-6   |
| <b>C<sub>6</sub>H<sub>4</sub>(CH<sub>3</sub>)<sub>2</sub></b>  |   |  | RTECS <a href="#">ZE2450000</a>                       |
| <b>Synonyms &amp; Trade Names</b><br>1,2-Dimethylbenzene; ortho-Xylene; o-Xylol  |   |  | <b>DOT ID &amp; Guide</b><br>1307 <a href="#">130</a> |
| <b>Exposure Limits</b>   | NIOSH REL: TWA 100 ppm (435 mg/m <sup>3</sup> ) ST 150 ppm (655 mg/m <sup>3</sup> ) |  |   |
|  | OSHA PEL†: TWA 100 ppm (435 mg/m <sup>3</sup> )                                     |  |   |
| IDLH 900 ppm See: <a href="#">95476</a>  |   | <b>Conversion</b> 1 ppm = 4.34 mg/m <sup>3</sup>   |   |
| <b>Physical Description</b><br>Colorless liquid with an aromatic odor.   |   |  |   |
| MW: 106.2  | BP: 292°F   | FRZ: -13°F   | Sol: 0.02%  |
| VP: 7 mmHg   | IP: 8.56 eV   |  | Sp.Gr: 0.88   |
| Fl.P: 90°F   | UEL: 6.7%   | LEL: 0.9%  |   |
| Class IC Flammable Liquid: Fl.P. at or above 73°F and below 100°F.   |   |  |   |
| <b>Incompatibilities &amp; Reactivities</b><br>Strong oxidizers, strong acids  |   |  |   |
| <b>Measurement Methods</b><br>NIOSH <a href="#">1501</a> , <a href="#">3800</a> ; OSHA <a href="#">1002</a><br>See: <a href="#">NMAM</a> or <a href="#">OSHA Methods</a>   |   |  |   |
| <b>Personal Protection &amp; Sanitation</b> ( <a href="#">See protection</a> )<br>Skin: Prevent skin contact<br>Eyes: Prevent eye contact<br>Wash skin: When contaminated<br>Remove: When wet (flammable)<br>Change: No recommendation   |   | <b>First Aid</b> ( <a href="#">See procedures</a> )<br>Eye: Irrigate immediately<br>Skin: Soap wash promptly<br>Breathing: Respiratory support<br>Swallow: Medical attention immediately |   |
| <a href="#">Important additional information about respirator selection</a>  |   |  |   |
| <b>Respirator Recommendations</b> NIOSH/OSHA<br><b>Up to 900 ppm:</b><br>(APF = 10) Any chemical cartridge respirator with organic vapor cartridge(s)*<br>(APF = 25) Any powered, air-purifying respirator with organic vapor cartridge(s)*<br>(APF = 10) Any supplied-air respirator*<br>(APF = 50) Any self-contained breathing apparatus with a full facepiece<br><b>Emergency or planned entry into unknown concentrations or IDLH conditions:</b><br>(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode<br>(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus<br><b>Escape:</b><br>(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/Any appropriate escape-type, self-contained breathing apparatus |   |  |   |
| <b>Exposure Routes</b> inhalation, skin absorption, ingestion, skin and/or eye contact   |   |  |   |
| <b>Symptoms</b> Irritation eyes, skin, nose, throat; dizziness, excitement, drowsiness, incoordination, staggering gait; corneal vacuolization; anorexia, nausea, vomiting, abdominal pain; dermatitis   |   |  |   |
| <b>Target Organs</b> Eyes, skin, respiratory system, central nervous system, gastrointestinal tract, blood, liver, kidneys   |   |  |   |

# NIOSH Pocket Guide to Chemical Hazards

|   |   |  |                 |
|---|---|--|-----------------|
| <b>Trichloroethylene</b>  |   | <b>CAS</b> 79-01-6   |                 |
| <b>CICH=CCl<sub>2</sub></b>   |   | <b>RTECS</b> <a href="#">KX4550000</a>   |                 |
| <b>Synonyms &amp; Trade Names</b><br>Ethylene trichloride, TCE, Trichloroethene, Trilene  |   | <b>DOT ID &amp; Guide</b><br>1710 <a href="#">160</a>  |                 |
| <b>Exposure Limits</b>  | NIOSH REL: Ca <a href="#">See Appendix A</a> <a href="#">See Appendix C</a>     |  |                 |
|   | OSHA PEL†: TWA 100 ppm C 200 ppm 300 ppm (5-minute maximum peak in any 2 hours) |  |                 |
| <b>IDLH</b> Ca [1000 ppm] See: <a href="#">79016</a>  |   | <b>Conversion</b> 1 ppm = 5.37 mg/m <sup>3</sup>   |                 |
| <b>Physical Description</b><br>Colorless liquid (unless dyed blue) with a chloroform-like odor.   |   |  |                 |
| MW: 131.4   | BP: 189°F   | FRZ: -99°F   | Sol(77°F): 0.1% |
| VP: 58 mmHg   | IP: 9.45 eV   |  | Sp.Gr: 1.46     |
| Fl.P: ?   | UEL(77°F): 10.5%  | LEL(77°F): 8%  |                 |
| Combustible Liquid, but burns with difficulty.  |   |  |                 |
| <b>Incompatibilities &amp; Reactivities</b><br>Strong caustics & alkalis; chemically-active metals (such as barium, lithium, sodium, magnesium, titanium & beryllium)   |   |  |                 |
| <b>Measurement Methods</b><br>NIOSH <a href="#">1022</a> , <a href="#">3800</a> ; OSHA <a href="#">1001</a><br>See: <a href="#">NMAM</a> or <a href="#">OSHA Methods</a>  |   |  |                 |
| <b>Personal Protection &amp; Sanitation</b> ( <a href="#">See protection</a> )<br>Skin: Prevent skin contact<br>Eyes: Prevent eye contact<br>Wash skin: When contaminated<br>Remove: When wet or contaminated<br>Change: No recommendation<br>Provide: Eyewash, Quick drench  |   | <b>First Aid</b> ( <a href="#">See procedures</a> )<br>Eye: Irrigate immediately<br>Skin: Soap wash promptly<br>Breathing: Respiratory support<br>Swallow: Medical attention immediately |                 |
| <a href="#">Important additional information about respirator selection</a>   |   |  |                 |
| <b>Respirator Recommendations</b> NIOSH<br><b>At concentrations above the NIOSH REL, or where there is no REL, at any detectable concentration:</b><br>(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode<br>(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus<br><b>Escape:</b><br>(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/Any appropriate escape-type, self-contained breathing apparatus |   |  |                 |
| <b>Exposure Routes</b> inhalation, skin absorption, ingestion, skin and/or eye contact  |   |  |                 |
| <b>Symptoms</b> Irritation eyes, skin; headache, visual disturbance, lassitude (weakness, exhaustion), dizziness, tremor, drowsiness, nausea, vomiting; dermatitis; cardiac arrhythmias, paresthesia; liver injury; [potential occupational carcinogen]   |   |  |                 |
| <b>Target Organs</b> Eyes, skin, respiratory system, heart, liver, kidneys, central nervous system  |   |  |                 |
| <b>Cancer Site</b> [in animals: liver & kidney cancer]  |   |  |                 |

# NIOSH Pocket Guide to Chemical Hazards

|  |   |  |
|--|---|--|
| <b>Vinyl chloride</b>  |   | CAS 75-01-4  |
| <b>CH<sub>2</sub>=CHCl</b>   |   | RTECS <a href="#">KU9625000</a>  |
| <b>Synonyms &amp; Trade Names</b><br>Chloroethene, Chloroethylene, Ethylene monochloride, Monochloroethene, Monochloroethylene, VC, Vinyl chloride monomer (VCM)   |   | <b>DOT ID &amp; Guide</b><br>1086 <a href="#">116P</a> (inhibited)   |
| <b>Exposure Limits</b>   | NIOSH REL: Ca <a href="#">See Appendix A</a>        |  |
|  | OSHA PEL: [1910.1017] TWA 1 ppm C 5 ppm [15-minute] |  |
| IDLH Ca [N.D.] See: <a href="#">IDLH INDEX</a>   |   | <b>Conversion</b> 1 ppm = 2.56 mg/m <sup>3</sup>   |
| <b>Physical Description</b><br>Colorless gas or liquid (below 7°F) with a pleasant odor at high concentrations. [Note: Shipped as a liquefied compressed gas.]   |   |  |
| MW: 62.5   | BP: 7°F   | FRZ: -256°F  |
| VP: 3.3 atm  | IP: 9.99 eV   | RGasD: 2.21  |
| Fl.P: NA (Gas)   | UEL: 33.0%  | LEL: 3.6%  |
| Flammable Gas  |   |  |
| <b>Incompatibilities &amp; Reactivities</b><br>Copper, oxidizers, aluminum, peroxides, iron, steel [Note: Polymerizes in air, sunlight, or heat unless stabilized by inhibitors such as phenol. Attacks iron & steel in presence of moisture.]   |   |  |
| <b>Measurement Methods</b><br>NIOSH <a href="#">1007</a> ; OSHA <a href="#">4</a> , <a href="#">75</a><br>See: <a href="#">NMAM</a> or <a href="#">OSHA Methods</a>  |   |  |
| <b>Personal Protection &amp; Sanitation</b> ( <a href="#">See protection</a> )<br>Skin: Frostbite<br>Eyes: Frostbite<br>Wash skin: No recommendation<br>Remove: When wet (flammable)<br>Change: No recommendation<br>Provide: Frostbite wash   |   | <b>First Aid</b> ( <a href="#">See procedures</a> )<br>Eye: Frostbite<br>Skin: Frostbite<br>Breathing: Respiratory support |
| <a href="#">Important additional information about respirator selection</a><br><b>Respirator Recommendations</b> ( <a href="#">See Appendix E</a> ) NIOSH<br><b>At concentrations above the NIOSH REL, or where there is no REL, at any detectable concentration:</b><br>(APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode<br>(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus<br><b>Escape:</b><br>(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted canister providing protection against the compound of concern/Any appropriate escape-type, self-contained breathing apparatus |   |  |
| <b>Exposure Routes</b> inhalation, skin, and/or eye contact (liquid)   |   |  |
| <b>Symptoms</b> Lassitude (weakness, exhaustion); abdominal pain, gastrointestinal bleeding; enlarged liver; pallor or cyanosis of extremities; liquid: frostbite; [potential occupational carcinogen]   |   |  |
| <b>Target Organs</b> Liver, central nervous system, blood, respiratory system, lymphatic system  |   |  |
| <b>Cancer Site</b> [liver cancer]  |   |  |

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**ATTACHMENT B**  
**SAFETY DATA SHEETS**  
**(ATTACH SDS)**

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Insert documents on following page.



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## **ATTACHMENT C**

### **SAFETY PROCEDURES/FIELD OPERATING PROCEDURES (FLD OPS)**

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Insert documents on following page.

In lieu of attaching individual copies of FLDs, the site safety officer or his designee may elect to maintain an electronic copy of the WESTON Corporate Environmental Compliance, Health, and Safety Program Manual (including all FLDs) on site in an electronic format. The most recent version of the CEHS Program Manual and supporting documents are located at:

<http://portal/services/EHS/SitePages/CEHSProgramElements.aspx>



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## **ATTACHMENT D**

### **HAZARD COMMUNICATION PROGRAM**

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## SITE-SPECIFIC HAZARD COMMUNICATION PROGRAM

### ***Location-Specific Hazard Communication Program/Checklist***

To ensure an understanding of and compliance with the Hazard Communication Standard, WESTON will use this checklist/document (or similar document) in conjunction with the WESTON Written Hazard Communication Program as a means of meeting site- or location-specific requirements.

While responsibility for activities within this document reference the WESTON Safety Officer (SO), it is the responsibility of all personnel to effect compliance. Responsibilities under various conditions can be found within the WESTON Written Hazard Communication Program.

To ensure that information about the dangers of all hazardous chemicals used by WESTON is known by all affected employees, the following Hazard Communication Program has been established. All affected personnel will participate in the Hazard Communication Program. This written program, as well as WESTON's Corporate Hazard Communication Program, will be available for review by any employee, employee representative, representative of OSHA, NIOSH, or any affected employer/employee on a multi-employer site.

- ☐ Site or other location name/address: South Dayton Dump Landfill
- ☐ Site/Project/Location Manager: John Sherrard
- ☐ Site/Location Safety Officer: Dave Robinson
- ☐ List of chemicals compiled, format: ☒ HASP ☐ Other: \_\_\_\_\_
- ☐ Location of MSDS files: HASP
- ☐ Training conducted by: Name: \_\_\_\_\_ Date: \_\_\_\_\_
- ☐ Indicate format of training documentation: ☒ Field Log ☐ Other: \_\_\_\_\_
- ☐ Client briefing conducted regarding hazard communication: \_\_\_\_\_
- ☐ If multi-employer site (client, subcontractor, agency, etc.), indicate name of affected companies: \_\_\_\_\_
- ☐ Other employer(s) notified of chemicals, labeling, and MSDS information: \_\_\_\_\_
- ☐ Has WESTON been notified of other employer's or client's hazard communication program(s), as necessary? ☐ Yes ☐ No

### ***List of Hazardous Chemicals***

A list of known hazardous chemicals used by WESTON personnel must be prepared and attached to this document or placed in a centrally identified location with the MSDSs. Further information on each chemical may be obtained by reviewing the appropriate MSDS. The list will be arranged to enable cross-reference with the MSDS file and the label on the container. The SO or Location Manager is responsible for ensuring the chemical listing remains up-to-date.

### ***Container Labeling***

The WESTON SO will verify that all containers received from the chemical manufacturer, importer, or distributor for use on-site are clearly labeled.

The SO is responsible for ensuring that labels are placed where required and for comparing MSDSs and other information with label information to ensure correctness.

### ***Material Safety Data Sheets (MSDSs)***

The SO is responsible for establishing and monitoring WESTON's MSDS program for the location. The SO will ensure that procedures are developed to obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. He/she will see that any new information is passed on to the affected employees. If an MSDS is not received at the time of initial shipment, the SO will call the manufacturer and have an MSDS delivered for that product in accordance with the requirements of WESTON's Written Hazard Communication Program.

A log for, and copies of, MSDSs for all hazardous chemicals in use will be kept in the MSDS folder at a location known to all site workers. MSDSs will be readily available to all employees during each work shift. If an MSDS is not available, immediately contact the WESTON SO or the designated alternate. When a revised MSDS is received, the SO will immediately replace the old MSDS.

### ***Employee Training and Information***

The SO is responsible for the WESTON site-specific personnel training program. The SO will ensure that all program elements specified below are supplied to all affected employees.

At the time of initial assignment for employees to the work site, or whenever a new hazard is introduced into the work area, employees will attend a health and safety meeting or briefing that includes the information indicated below.

- Hazardous chemicals present at the work site.
- Physical and health risks of the hazardous chemicals.
- The signs and symptoms of overexposure.
- Procedures to follow if employees are overexposed to hazardous chemicals.
- Location of the MSDS file and Written Hazard Communication Program.
- How to determine the presence or release of hazardous chemicals in the employee's work area.
- How to read labels and review MSDSs to obtain hazard information.
- Steps WESTON has taken to reduce or prevent exposure to hazardous chemicals.
- How to reduce or prevent exposure to hazardous chemicals through the use of controls procedures, work practices, and personal protective equipment.
- Hazardous, nonroutine tasks to be performed (if any).
- Chemicals within unlabeled piping (if any).

### ***Hazardous Nonroutine Tasks***

When employees are required to perform hazardous nonroutine tasks, the affected employee(s) will be given information by the SO about the hazardous chemicals he or she may use during such activity. This information will include specific chemical hazards, protective and safety measures the employee can use, and steps WESTON is using to reduce the hazards. These steps include, but are not limited to, ventilation, respirators, presence of another employee, and emergency procedures.

### ***Chemicals in Unlabeled Pipes***

Work activities may be performed by employees in areas where chemicals are transferred through unlabeled pipes. Prior to starting work in these areas, the employee will contact the SO, at which time information as to the chemical(s) in the pipes, potential hazards of the chemicals or the process involved, and the safety precautions that should be taken will be determined and presented.

### ***Multi-Employer Work Sites***

It is the responsibility of the SO to provide other employers with information about hazardous chemicals imported by WESTON to which their employees may be exposed, along with suggested safety precautions. It is also the responsibility of the SO and the Site Manager to obtain information about hazardous chemicals used by other employers to which WESTON employees may be exposed. WESTON's chemical listing will be made available to other employers, as requested. MSDSs will be available for viewing, as necessary.

The location, format, and/or procedures for accessing MSDS information must be relayed to affected employees.

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## **ATTACHMENT E**

### **AIR SAMPLING DATA SHEETS**

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| SITE AIR MONITORING PROGRAM |                  |              |             |                                      |                               |       |             |           |
|-----------------------------|------------------|--------------|-------------|--------------------------------------|-------------------------------|-------|-------------|-----------|
| Field Data Sheets           |                  |              |             |                                      |                               |       |             |           |
| Location:                   |                  |              |             |                                      |                               |       |             |           |
| % LEL                       | % O <sub>2</sub> | PID (units)  | FID (units) | Aerosol Monitor (mg/m <sup>3</sup> ) | GM: Shield Probe/ Thin Window |       | NaI (uR/hr) | ZnS (cpm) |
|                             |                  |              |             |                                      | mR/hr                         | cpm   |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |
| Monitox (ppm)               |                  |              |             | Detector Tube(s)                     |                               |       |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |
| Sound Levels (dBA)          |                  | Illumination | pH          | Other                                | Other                         | Other | Other       | Other     |
|                             |                  |              |             |                                      |                               |       |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |
| Monitox (ppm)               |                  |              |             | Detector Tube(s)                     |                               |       |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |
| Sound Levels (dBA)          |                  | Illumination | pH          | Other                                | Other                         | Other | Other       | Other     |
|                             |                  |              |             |                                      |                               |       |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |
|                             |                  |              |             |                                      |                               |       |             |           |

| AIR MONITORING/SAMPLING DATA LOG   |                                  |   |                        |  |               |
|--|----------------------------------|---|------------------------|--|---------------|
| Client:  |                                  | W.O. No.:   |                        | Sample No.:  |               |
| Address:   |                                  | Sampled By:   |                        | Date:  |               |
| Employee and Location Information  |                                  |   |                        |  |               |
| Employee Name:   |                                  | Employee No.:   |                        | Job Title:   |               |
| <b>Respirator</b><br><input type="checkbox"/> APR <input type="checkbox"/> ½ Mask <input type="checkbox"/> Full Face<br><input type="checkbox"/> PAPR <input type="checkbox"/> ½ Mask <input type="checkbox"/> Full Face <input type="checkbox"/> Hood<br><input type="checkbox"/> SAR <input type="checkbox"/> ½ Mask <input type="checkbox"/> Full Face <input type="checkbox"/> Hood<br><input type="checkbox"/> SCBA |                                  | <b>Manufacturer:</b><br>  |                        | <b>Cartridge Type:</b><br>   |               |
| <b>PPE:</b> <input type="checkbox"/> Hard Hat <input type="checkbox"/> HPD <input type="checkbox"/> Gloves <input type="checkbox"/> Safety Shoes <input type="checkbox"/> Coveralls <input type="checkbox"/> Other:  |                                  |   |                        |  |               |
| Sampling Data  |                                  |   |                        |  |               |
| <b>Sampling Type:</b> <input type="checkbox"/> Personal<br><input type="checkbox"/> TWA <input type="checkbox"/> STEL <input type="checkbox"/> Area <input type="checkbox"/> Source<br><input type="checkbox"/> Full Shift <input type="checkbox"/> Partial Shift <input type="checkbox"/> Grab  |                                  | <b>Media:</b><br>   |                        | <b>Pump Type/Serial No.:</b><br>   |               |
| <b>Calibrator/Serial No.:</b><br>  |                                  | <b>Pre-Calibration:</b><br>1.<br>2.<br>3.<br><b>avg-pre:</b>                                    |                        | <b>Post-Calibration:</b><br>1.<br>2.<br>3.<br><b>avg-post:</b>                               |               |
| <b>Start Time:</b>   | <b>Restart Time:</b>             | <b>Restart Time:</b>  | <b>Avg. Flow rate:</b> | <b>% Change:</b>   |               |
| <b>1<sup>st</sup> Stop Time:</b>   | <b>2<sup>nd</sup> Stop Time:</b> | <b>3<sup>rd</sup> Stop Time:</b>  | <b>Total Time:</b>     | <b>Volume:</b>   |               |
| <b>Multiple Samples for this TWA:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  | <b>Multiple Chemical Exposures:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |                        | <b>Exposure Time:</b><br><input type="checkbox"/> Normal <input type="checkbox"/> Worst Case |               |
| Sampling Conditions  |                                  |   |                        |  |               |
| <b>Weather Conditions:</b><br><div style="display: flex; justify-content: space-between;"> <span>Temp:</span> <span>R.H.:</span> <span>B.P.:</span> <span>Other:</span> </div>   |                                  |   |                        |  |               |
| <b>Engineering Controls:</b>   |                                  |   |                        |  |               |
| Substances Evaluated   |                                  |   |                        |  |               |
| <b>Substance</b>   | <b>Result</b>                    | <b>Substance</b>  | <b>Result</b>          | <b>Substance</b>   | <b>Result</b> |
|  |                                  |   |                        |  |               |
|  |                                  |   |                        |  |               |
|  |                                  |   |                        |  |               |
| Observations and Comments  |                                  |   |                        |  |               |
|  |                                  |   |                        |  |               |
|  |                                  |   |                        |  |               |
|  |                                  |   |                        |  |               |
|  |                                  |   |                        |  |               |
|  |                                  |   |                        |  |               |
|  |                                  |   |                        |  |               |
|  |                                  |   |                        |  |               |
|  |                                  |   |                        |  |               |

QA by: \_\_\_\_\_

Date: \_\_\_\_\_



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## **ATTACHMENT F INCIDENT REPORTING**

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Incident Info | Individual Data | Investigation | File Attachment

☐ Near Incident Fields marked with \* are required

| Security  | Safety                                | Computer                                     | Other  |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> Threat or Intimidation                                   | <input type="checkbox"/> Vehicle      | <input type="checkbox"/> Computer/Technology | <input type="checkbox"/> Environmental             |
| <input type="checkbox"/> Act of Violence  | <input type="checkbox"/> Injury       | <input checked="" type="checkbox"/> Other    | <input type="checkbox"/> Property/Equipment Damage |
| <input type="checkbox"/> Theft  | <input type="checkbox"/> Illness      |  | <input type="checkbox"/> Regulatory Agency         |
| <input type="checkbox"/> Vandalism  | <input type="checkbox"/> Exposure     |  | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Violation of Company or Government Security Requirements | <input type="checkbox"/> Other Safety |  |  |
| <input type="checkbox"/> Other Security   |                                       |  |  |

Was this a single event or the latest in a series(describe)?

Note: This description is limited to 255 characters. If more information is required, add the information in the submitted description.

Date of Incident \*   ☐ Unknown Date

Time of Incident \*  Hrs  min  AM  PM ☐ Unknown Time

Please go to NOITrack using the following link to complete incident reporting. If you are in the field and do not have access to NOITrack, please contact someone in your office to do the reporting for you.

<http://prdnet/noitack/IncidentInfo.aspx>

Questions can be directed to Susan Hipp-Ludwick at 610.701.3046.



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## **ATTACHMENT G TRAFFIC CONTROL PLAN**

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Insert documents on following page.



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## **ATTACHMENT H**

# **ENVIRONMENTAL HEALTH & SAFETY INSPECTION CHECKLIST**

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## ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

Project Name: \_\_\_\_\_

Inspector: \_\_\_\_\_

Submit to: \_\_\_\_\_

Date: \_\_\_\_\_

### THE WESTON SITE APPEARANCE

| YES                      | NO                       |  | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the site secured to prevent inadvertent, unnecessary, or unauthorized access? Are gates closed and locked at any time that the access point is not occupied or visible to site workers?                           |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are access points posted with signs to indicate client and end-user client name, WESTON's name and logo, names of other contractors and sub-contractors, project name and location, and appropriate safety messages? |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are required postings in place (e.g., Labor Poster, Emergency Phone Numbers, Site Map, etc.)?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are site trailers tied down per local code and provided with stairs that have a landing platform with guard and stair railings?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a Site Safety file system established in the office to maintain records required by applicable safety regulations   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the Health and Safety Plan (HASP) or Accident Prevention Plan (APP) amended as scope of work changes, hazards are discovered or eliminated or if risk change?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the Site Safety Plan and the Safety Officers Field Manual on site?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is new employee indoctrination provided?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Have site Rules been provided, discussed and signed off on by all employees  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Incident Reporting procedure explained to all?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is site management trained in the WESTON (and client as applicable) Incident Reporting system?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are NOI and Supplemental Report forms and OSHA 300 Log available on site?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is Site Management aware of the Case Management and Incident Investigation Procedures?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a list of preferred provider medical facilities available?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the "Inspection By A Regulatory Agency" procedure been reviewed by all site management?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Will Competent Persons be required because of activities to be performed, equipment to be used or hazards to be encountered?   |         |

### POLICIES

| YES                      | NO                       |  | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Each individual employee is aware that he or she responsible for complying with applicable safety requirements, wearing prescribed safety equipment and preventing avoidable accidents.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Do employees understand that they will wear clothing suitable for existing weather and work conditions and the minimum work uniform will include long pants, sleeved work shirts, protective footwear, hard hat, and safety glasses unless otherwise specified via the HASP.                       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are employees provided safety and health training to enable them to perform their work safely? Is all training documented to indicate the date of the session, topics covered, and names of participants?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Safety meetings are conducted daily. The purpose of the meetings are to review past activities, review pertinent tailgate safety topics and establish safe working procedures for anticipated hazards encountered during the day.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Training has been provided to all personnel regarding handling of emergency situations that may arise from the activity or use of equipment on the project.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Employees/contractors are informed and understand that they may not be under the influence of alcohol, narcotics, intoxicants, or similar mind-altering substances at any time. Employees found under the influence of or consuming such substances will be immediately removed from the job site. |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Site workers and operators of any equipment or vehicles are able to read and understand the signs, signals, and operating instructions of their use.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Have contractors performing work provided copies of relevant documentation (such as medical fit-for-duty, training certificates, fit-tests, etc.) prior to initiation of the project?  |         |

**SANITATION**  
**29 CFR 1926 Subparts C, D. EM 385-1-1, Section 2**

| YES                      | NO                       |   | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Is an adequate supply of drinking water provided? Is potable/drinking water labeled as such? Are there sufficient drinking cups provided? |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there a sufficient number of toilets?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are washing facilities readily available and appropriate for the cleaning needs?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are washing facilities kept sanitary with adequate cleansing and drying materials?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Waste is secured so as not to attract rodents, insects, or other vermin?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is an effective housekeeping program established and implemented?   |         |

**ACCIDENT PREVENTION SIGNS, TAGS, LABELS, SIGNALS, AND PIPING SYSTEM IDENTIFICATION**  
**29 CFR 1926 Subpart G. EM 385-1-1, Section 8**

| YES                      | NO                       |   | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Are signs, tags, and labels provided to give adequate warning and caution of hazards and instruction/directions to workers and the public?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all employees informed as to the meaning of the various signs, tags, and labels used in the workplace and what special precautions are required?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are construction areas posted with legible traffic signs at points of hazard?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are signs required to be seen at night lighted or reflectorized?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Tags contain a signal word ("danger" or "caution") and a major message to indicate the specific hazardous condition or the instruction to be communicated to the employee. Tags follow requirements as outlined in 29 CFR 1926.200. |         |

**MEDICAL SERVICES AND FIRST AID**  
**29 CFR 1926 Subparts C, D. EM 385-1-1, Section 3**

| YES                      | NO                       |   | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Is a local medical emergency facility (LMEF) identified in the HASP or APP?                       |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the LMEF been visited to verify the directions and establish contacts?                        |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Has site management reviewed WESTON's incident management procedures?                             |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Have clinics and specialists that will help WESTON manage injuries and illnesses been identified? |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there at least two (2) people certified in First Aid and CPR?                                  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are first aid kits available at the command post and appropriate remote locations?                |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are first Aid Kits and Eyewash/Safety Showers inspected weekly?                                   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are 15 minute eyewash/safety showers in place if required?  |         |

**FIRE PREVENTION AND PROTECTION**  
**29 CFR 1926 Subpart F. EM 385-1-1, Section 9**

| YES                      | NO                       |  | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Is an Emergency Response and Contingency Plan in place?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are emergency phone numbers posted?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are fire extinguishers selected and provided based on the types of materials and potential fire classes in each area?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are fire extinguishers provided in each administrative and storage trailer, within 50 ft but no closer than 25 ft of any fuel or flammable liquids storage, on welding and cutting equipment, on mechanical equipment? |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are fire extinguishers checked daily and inspected monthly?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Do site personnel know the location of fire extinguishers and how to use them?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are flammable and combustible liquids stored in approved containers?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Safety cans are used for dispensing flammable or combustible liquids in 5 gallon or less volumes.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are flammable and combustible liquids stored in flammable storage cabinets or appropriate storage areas?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are flammable materials separated from oxidizers by at least 20 feet (or 5 foot tall, ½ -hour rated fire wall) when in storage?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are fuel storage tanks double walled or placed in a lined berm?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Spills are cleaned up immediately and wastes are disposed of properly.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Combustible scrap, debris, and waste material (oily rags) are stored in closed metal containers and disposed of promptly.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Vehicle fueling tanks are grounded and bonding between the tank and vehicle being fueled is provided?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | LPG is stored, handled, and used according to OSHA regulations 29 CFR 1926.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | LPG cylinders are not stored indoors.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a hot work permit program in place? See WESTON FLD-36   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is smoking limited to specific areas, prohibited in flammable storage areas and are signs posted to this effect?   |         |

**HAZARDOUS SUBSTANCES, AGENTS, AND ENVIRONMENTS**  
**29 CFR 1926 Subparts D, Z. EM 385-1-1, Sections 6, 28**

| YES                      | NO                       |   | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Are operations, materials and equipment evaluated to determine the presence of hazardous contaminants or if hazardous agents could be released in the work environment?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are SDS for substances made available at the work-site when any hazardous substance is procured, used, or stored?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all containers and piping containing hazardous substances labeled appropriately?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an inventory of hazardous substances?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a site Specific Hazard Communication Program?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Spill kits appropriate for the hazardous materials present are on site and their location is known to spill responders.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is disposal of excess hazardous chemicals performed according to WESTON's guidelines and RCRA regulations?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Before initiation of activities where there is an identified asbestos or lead hazard, is there a written plan detailing compliance with OSHA and EPA asbestos or lead abatement requirements? Does the plan comply with state and local authority, and USACE requirements, as applicable? |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are personnel trained and provided with protection against hazards from animals, poisonous plants, and insects?   |         |

**PERSONAL PROTECTIVE AND SAFETY EQUIPMENT, RESPIRATORY AND FALL PROTECTION**  
**29 CFR 1926 Subparts D, E, M. EM 385-1-1, Section 5**

| YES                      | NO                       |   | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Do employees understand that the minimum PPE is hard hat, safety glasses with side shields and safety shoes or boots and that long pants and a sleeved shirt are required?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the SSHC reviewed the PPE requirements in the HASP against actual site conditions and certified that the PPE is appropriate? (see Field Manual, PPE Program)  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | PPE is inspected, tested and maintained in serviceable and sanitary condition as recommended by the manufacturer. Is defective or damaged equipment taken out of service and repaired or replaced?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are workers trained in the use of the PPE required?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are personnel exposed to vehicular or equipment traffic, including signal persons, spotters or inspectors required to vests or apparel marked with a reflective or high visibility material?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a noise hazard? If yes, hearing protection will be required.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a splash or splatter hazard? Face shields or goggles will be required.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Will personnel be working in or over water? Personnel Flootation devices will be required.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a welding hazard? Welding helmet and leathers will be required. Is there a cutting torch hazard? Goggles and protective clothing will be required.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is each person on a walking/working surface with an unprotected side or edge which is 6 feet (1.8 m) or more above a lower level protected from falling by the use of guardrail systems, safety net systems or personal fall arrest systems? See WESTON FLD 25 (Note General Industry standard is four feet). |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Guardrail systems are used as primary protection whenever feasible. Guardrail construction meets criteria in 29 CFR 1926.502(b).  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Personal fall arrest systems (PFAS) are inspected and appropriate for use.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Ropes and straps (webbing) used in lanyards, lifelines, and strength components of body belts and body harnesses are from synthetic fibers.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Safety nets and safety net installations are constructed, tested and used according to 29 CFR 1926.502.c  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is respirator use required? See WESTON Respiratory Protection Program   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Persons using respiratory protection have been successfully medically cleared, trained, and fit tested.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Respirators are used according to the manufacturer's instructions, regulatory requirements, selection criteria, and health and safety plan provisions.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | For Level C operations with organic vapor contamination, is the cartridge change-out schedule documented?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is breathing certified as Grade D, or better, and certification available on-site?  |         |



**MACHINERY AND MECHANIZED EQUIPMENT**  
**29 CFR 1926 Subparts N, O, CC and DD. EM 385-1-1, Sections 16, 17, 18**

| YES                      | NO                       |   | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Are inspections of machinery by a competent person established?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is equipment inspected daily before its next use?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Equipment inspection reports are reviewed, followed-up on negative findings and records of inspections are maintained?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Machinery or equipment found to be unsafe is taken out of service until the unsafe condition has been corrected.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a preventive maintenance program established?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are operators of equipment qualified and authorized to operate?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is all self-propelled construction and industrial equipment equipped with a reverse signal alarm?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are seats or equal protection provided for each person required to ride on equipment. Are seatbelts installed and worn on motor vehicles, as appropriate.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | All equipment with windshields is equipped with powered wipers. If fogging or frosting is possible, operable defogging or defrosting devices are required.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Internal combustion engines are not operated in enclosed areas unless adequate ventilation is made. Air monitoring is conducted to assure safe working conditions.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is each bulldozer, scraper, dragline, crane, motor grader, front-end loader, mechanical shovel, backhoe, or similar equipment equipped with at least one dry chemical or carbon dioxide fire extinguisher with a minimum rating of 5-B:C?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Will cranes or other lifting devices be used? If so, are the following documents available on site: 1) a copy of the operating manual, 2) load rating chart, 3) log book, 4) a copy of the last annual inspection and 5) the initial on-site inspection?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Do operators have certificates of training to operate the type of crane(s) to be used?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a signal person provided when the point of operation is not in full view of the vehicle, machine, or equipment operator? When manual (hand) signals are used, is only one person designated to give signals to the operator?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Signal persons back one vehicle at a time. While under the control of a signal person, drivers do not back or maneuver until directed. Drivers stop if contact with the signal person is lost.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a critical lift plan prepared by a competent person whenever:<br>a lift is not routine, or a lift exceeds 75% of a crane's capacity,<br>a lift results in the load being out of the operator's line of sight, or a lift involves more than one crane,<br>a man basket is used, or the operator believes there is a need for a critical lift plan.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Fork Lifts (Powered Industrial Trucks) - Will forklifts be used on site?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | All forklifts meet the requirements of design, construction, stability, inspection, testing, maintenance, and operation as indicated in ANSI/ASME B56.1 Safety Standards for Low Lift and High Lift Trucks.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Do forklift operators have certificates of training?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are pile driving operations conducted according to EM 385-1-1, Section 16.L?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is drilling equipment operated, inspected, and maintained as specified in the manufacturer's operating manual? Is a copy of the manual available at the work-site? See also the Drilling Safety Guide in the Safety Officers Field Manual.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are flag persons provided when operations or equipment on or near a highway expose workers to traffic hazards? Do flag persons and persons working in proximity to a road wear high visibility vests? Are persons exposed to highway vehicle traffic protected by signs in all directions warning of the presence of the flag persons and the work? Do signs and distances from the work zone conform to federal and local regulations? |         |

**MOTOR VEHICLES**  
**29 CFR 1926 Subpart O. EM 385-1-1, Section 18**

| YES                      | NO                       |   | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Motor vehicle operators have a valid permit, license, or certification of ability for the equipment being operated.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Inspection, maintenance, and repair is according to manufacturer's requirements by qualified persons.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Vehicles are inspected on a scheduled maintenance program.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Vehicles not in safe operating condition are removed from service until defects are corrected.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Glass in windshields, windows, and doors is safety glass. Any cracked or broken glass is replaced.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Seatbelts are installed and worn.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | The number of passengers in passenger-type vehicles does not exceed the number which can be seated.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Trucks used to transport personnel have securely anchored seating, a rear end gate, and a guardrail.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | No person is permitted to ride with arms or legs outside of a vehicle body; in a standing position on the body; on running boards; seated on side fenders, cabs, cab shields, rear of the truck or on the load. |         |
| <input type="checkbox"/> | <input type="checkbox"/> | ATV operators possess a valid state driver's license, have completed an ATV training course prior to operation of the vehicle, and wear appropriate protective equipment such as helmets, boots, and gloves.    |         |

**EXCAVATING AND TRENCHING**  
**29 CFR 1926 Subpart P. EM 385-1-1, Section 25**

| YES                      | NO                       |  | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Has the known or estimated location of utility installations such as sewer, telephone, fuel, electric, water lines, or any other underground installations that may be expected to be encountered during excavation been determined before excavation? Have utility locations been verified by designated state services according to state regulations? Has the client provided clearance where state jurisdiction doesn't apply? |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Have overhead utilities in excavation areas been identified and either de-energized, shielded or barricaded so excavating equipment will not come within 10 feet?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are inspections of the excavation, the adjacent areas, and protective systems made daily and as necessary by a competent person?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are Protective systems in place as prescribed by the competent person?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is material removed from excavations managed so it will not overwhelm the protective systems?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are barriers provided between excavations and walkways?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are excavations by roadways barricaded to warn vehicles of presence or to prevent them from falling in?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a means of exit from the excavation every 25 feet?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is air monitoring required? If yes, Is it performed?   |         |

**CONFINED SPACES**  
**29 CFR 1910 Subpart J. EM 385-1-1, Section 6**

| YES                      | NO                       |  | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a Confined Space Entry Program in place?    |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the confined Spaces identified and labeled?      |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the Confined Spaces be entered?                 |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is appropriate entry documentation used and on-file? |         |

**ELECTRICAL**  
**29 CFR 1926 Subpart K. EM 385-1-1, Section 11**

| YES                      | NO                       |  | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Are electrical installations made according to the National Electrical Code and applicable local codes?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Qualified electricians make all connections and perform all work within 10 feet of live electric equipment.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Location of underground, overhead, under floor, behind wall electrical lines is known and communicated. Lines are documented by qualified person as de-energized where necessary.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Workers understand they must not work near live parts of electric circuits, unless they are qualified as required by OSHA or are protected by de-energizing and grounding the parts, guarding the parts by insulation, or other effective means?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Employees who regularly work on or around energized electrical equipment or lines are instructed in the cardiopulmonary resuscitation (CPR) methods.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Workers are prohibited from working alone on energized lines or equipment over 600 volts.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are Ground-fault circuit interrupters (GFCI's) or is ground fault circuit protection provided to protect employees from ground-fault hazards for all 115 – 120 Volt, 15 and 20 amp receptacle outlets which are not a part of the permanent wiring of a building or structure at construction sites?     |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Circuit breakers are labeled.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Circuit breaker and all cabinets with exposed electric conductors are kept tightly closed.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Unused openings (including conduit knockouts) in electrical enclosures and fittings are closed with appropriate covers, plugs, or plates.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Sufficient access and working space is provided and maintained about all electrical equipment to permit ready and safe operations and maintenance.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Motors are located within sight of their controllers or controller disconnecting means are capable of being locked in the pen position or is a separate disconnecting means installed in the circuit within sight of the motor.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are visual inspections of extension cords and cord-and plug-connected equipment conducted daily? Is equipment found damaged or defective tagged and removed from service, and not used until repaired?   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Wet Areas - Is portable lighting used in wet or conductive locations, such as tanks or boilers operated at no more than 12 volts and protected by GFCIs.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are electrical installations in hazardous areas to NEC?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Metal ladders and tools including tape measures or fabric with metal thread are prohibited where contact with energized electrically parts is possible.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | All extension cords are the three-wire type, designed and rated for hard or extra hard usage?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Worn or frayed electrical cords or cables are taken out of service. Fastening with staples, hanging from nails or suspending extension cords by wire is prohibited.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Electric wire/flexible cord passing through work areas is protected from damage such as foot traffic, vehicles, sharp corners, projections and pinching? Flexible cords and cables passing through holes are protected by bushings or fittings?  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Before an employee or contractor performs any service or maintenance on a system where the unexpected energizing, start up, or release of kinetic or stored energy could occur and cause injury or damage, the system is to be isolated. Only authorized persons may apply and remove lockouts and tags. |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Contractors planning to use hazardous energy control procedures submit their hazardous energy control plan to the WESTON site safety officer or designee before implementing lockout/tagout procedures.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | There is a site specific hazardous energy control plan that clearly and specifically outlines the scope, purpose, authorization, rules and techniques to be used for the control of hazardous energy.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Workers possess the knowledge and skills required for the safe application, usage, and removal of energy controls.   |         |

**WELDING AND CUTTING**  
**29 CFR 1926 Subpart J. EM 385-1-1, Section 10**

| YES                      | NO                       |  | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Prior to performing welding, cutting or any other heat or spark producing activity, an assessment of the area is made by a competent person to identify combustible materials and potential sources of flammable atmospheres.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Welders, cutters and their supervisors are trained in the safe operation of their equipment, safe welding and cutting practices, hot work permit requirements, and fire protection.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Welding and cutting equipment is inspected daily before use. Unsafe equipment is taken out of use, replaced, or repaired.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Workers and the public are shielded from welding rays, flashes, sparks, molten metal, and slag.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Employees performing welding, cutting, or heating are protected by PPE appropriate for the hazards (e.g., respiratory, vision and skin protection).  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Compatible fire extinguishing equipment is provided in the immediate vicinity of welding or cutting operations.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Drums, tanks, or other containers and equipment which have contained hazardous materials shall be thoroughly cleaned before welding or cutting. Cleaning shall be performed in accordance with NFPA 327, <u>Cleaning or Safeguarding Small Tanks and Containers</u> , ANSI/AWS F4.1, <u>Recommended Safe Practices for the Preparation for Welding and Cutting of Containers That Have Held Hazardous Substances</u> , and applicable health and safety plan requirements. |         |

**HAND AND POWER TOOL SAFETY**  
**29 CFR 1926 Subpart I. EM 385-1-1, Section 13**

| YES                      | NO                       |  | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Power tools are from a manufacturer listed by a nationally recognized testing laboratory for the specific application for which they are to be used. |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Hand & power tools are inspected, maintained, tested, and determined to be in safe operating condition before use.                                   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Tools found to be unsafe are not used, tagged and repaired or destroyed.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Users of tools are trained in safe use.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical tools have cords and plug connections in good repair.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical tools are effectively grounded or approved double insulated.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Reciprocating, rotating, and moving parts of equipment are guarded if they may be accessed by employees or they otherwise create a hazard.           |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Safety clips/retainers are installed and maintained on pneumatic impact tool connections.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Chain saws have an automatic chain brake or anti-kickback device.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Pneumatic and hydraulic hoses and fittings are inspected regularly.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Employees who operate powder actuated tools are trained and carry valid operator's cards.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Powder activated tools are stored in individual locked containers, when not in use and are not loaded until ready to use.                            |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Powder actuated tools are inspected for obstructions or defects daily before use.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Powder actuated tool operators have appropriate PPE.   |         |

**RIGGING**  
**29 CFR 1926 Subpart H. EM 385-1-1, Section 15**

| YES                      | NO                       |  | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Rigging equipment is inspected as specified by the manufacturer, by a qualified person, before use on each shift and as necessary to assure that it is safe. |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Defective equipment is removed from service.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Rigging not in use is removed from the work area, properly stored, and maintained in good condition.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Wire rope removed from service for defects is cut up or plainly marked as unfit for use as rigging.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | The number of saddle clips used to form eyes in wire rope conforms with Table H-20, are spaced evenly and the saddles are on the live side.                  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Chain rigging has a tag clearly indicating load limits, is inspected before initial use, then weekly, and is of alloyed metal.                               |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Fiber rope rigging is not used if it is frozen or has been subject to acids or excessive heat.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Slings and their fittings and fastenings are inspected before use on each shift and as needed during use.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Drums, sheaves, and pulleys on rigging hardware are smooth and free of surface defects that can damage rigging.  |         |

**MATERIAL HANDLING, STORAGE, AND DISPOSAL**  
**29 CFR 1926 Subpart H. EM 385-1-1, Section 14**

| YES                      | NO                       |   | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Employees are trained in and use safe lifting techniques.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Materials are not moved or suspended over workers unless positive precautions have been taken to protect workers.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Conveyors are constructed, inspected, & maintained by qualified persons according to manufacturer's recommendations.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | All conveyors are to be equipped with emergency stopping devices.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Hazardous exposed moving machine parts are guarded mechanically, electrically or by location.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Controls are clearly marked and/or labeled to indicate the function controlled.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Taglines are used for suspended loads where the movement may be hazardous to persons.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Material in storage is protected from falling or collapse by effective stacking, blocking, cribbing, etc.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Walkways and aisles are to be kept clear.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Materials are not stored on scaffolds or runways in excess of normal placement or in excess of safe load limits.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Work areas and means of access are maintained safe and orderly.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Tools, materials, extension cords, hoses or debris do not cause tripping or other hazards.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Storage and construction sites are kept free from the accumulation of combustible materials.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Waste materials and rubbish are placed in containers or, if appropriate, in piles. Waste materials are disposed of in accord with applicable local, state, or federal requirements. |         |

**FLOATING PLANT AND MARINE ACTIVITIES**  
**29 CFR 1926 Subpart O. EM 385-1-1 Section 19**

| YES                      | NO                       |   | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Floating plants that are regulated by the USCG have current inspections and certificates.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Before any floating plant is brought to the job site and placed in service it is inspected and determined to be in safe operating condition   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Periodic inspections are made such that safe operating conditions are maintained. Strict compliance with EM 385-1-1, Section 19 is expected.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Plans are in place for removing or securing the plant and evacuation of personnel endangered by severe weather and other marine emergencies such as; fire, flooding, man overboard, hazardous materials incidents, etc. |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Means of access are properly secured, guarded, and maintained free of slipping and tripping hazards.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Dredging operations follow guidelines as established in EM 385-1-1, Section 19.D.   |         |

**PRESSURIZED EQUIPMENT AND SYSTEMS**  
**29 CFR 1926 Subparts I, F. EM 385-1-1, Section 20**

| YES                      | NO                       |  | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Pressurized equipment and systems are inspected before being placed into service.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Pressurized equipment or systems found to be unsafe are tagged "Out of Service-Do Not Use".  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Systems and equipment are operated, inspected, and maintained by qualified, designated personnel.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Safe clearance, lockout/tagout procedures are followed as appropriate during maintenance or repair.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Air hose, pipes, fittings are pressure-rated for the activity. Defective hoses are removed from service.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Hoses aren't laid over ladders, steps, scaffolds, or walkways in a manner that creates a tripping hazard.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | The use of compressed air for personal cleaning is prohibited. The use of compressed air for other cleaning is restricted to less than 30 psig.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Compressed gas cylinders are stored in well-ventilated locations.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Cylinders in storage are separated from flammable or combustible liquids and from easily ignitable materials by at least 40 feet or by a minimum five feet tall, ½ -hour fire resistive partition. |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Stored cylinders containing oxidizing gases are separated from fuel gas cylinders by at least 20 feet or by a minimum five feet tall, ½ -hour fire resistive partition.                            |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Cylinder valve caps are in place when cylinders are in storage, in transit, or a regulator is not in place.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Compressed gas cylinders in service are secured in substantial fixed or portable racks or hand trucks.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Oxygen cylinders and fittings are kept away from, and free from oil and grease.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Cylinder Storage areas are posted with the names of the gases in storage and with signs indicating "No Smoking or Open Flame".   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Cylinders are to be stored such that mechanical and corrosion damage is avoided. Cylinders are not to be stored in areas required as an egress path.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Cylinders may be stored in the open outdoors, however, they must be protected from the ground to prevent corrosion and must be protected from temperatures that may exceed 125 degrees F.          |         |

**WORK PLATFORMS/SCAFFOLDS**  
**29 CFR 1926 Subparts L, M, N. EM 385-1-1 Sections 21, 22**

| YES                      | NO                       |   | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Work platforms are erected, used, inspected, tested, maintained and repaired according to manufacturer's requirements.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Construction, inspection, and disassembly of scaffolds is under the direction of a competent person.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Workers on scaffolding have been trained by a qualified person.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Scaffolds are erected on a firm and level surface and are square and plumb.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Scaffolds are not loaded in excess of rated capacity.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Working levels of work platforms are fully planked or decked.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Planks are in good condition and free from obvious defects.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Fabricated frame scaffolding four times higher than the base width is secured to building/structure according to manufacturer's instruction and/or OSHA requirements.                     |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Working platforms of scaffolding over ten feet in height have guard rails meeting OSHA specifications. Fall protection is suggested at four feet or greater.                              |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Scaffolding/work platforms are accessed by means of a properly secured ladder or equivalent. Built on ladders conform to scaffold ladder requirements. Climbing of braces is not allowed. |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Crane supported work platforms are designed and used in accordance with OSHA standards.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Elevating work platforms are operated, inspected, and maintained according to the equipment operations manual.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Employees working in aerial lifts remain firmly on the floor of the basket. Employees use fall protection while in an aerial lift basket.   |         |

**WALKING AND WORKING SURFACES AND STAIRS**  
**29 CFR 1926 Subparts L, M, X. EM 385-1-1, Sections 21, 22, 24**

| YES                      | NO                       |   | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Work areas are clean, sanitary, and orderly   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Work surfaces are kept dry or appropriate means are taken to assure the surfaces are slip-resistant   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Accumulations of combustible dust are routinely removed.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Aisles and passageways are kept clear and marked as appropriate.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | There is safe clearance for walking in aisles where motorized or mechanical handling equipment is operating.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Materials or equipment is stored in such a way that sharp projections will not interfere with the walkway.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Changes of direction or elevation are readily identifiable.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Aisles or walkways that pass near moving or operating machinery, welding operations or similar operations are arranged so employees will not be subjected to potential hazards.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Standard guardrails are provided wherever aisle or walkway surfaces are elevated more than 30 inches above any adjacent floor or the ground and bridges provided where workers must cross over conveyors and similar hazards. |         |
| <input type="checkbox"/> | <input type="checkbox"/> | There are standard stair rails or handrails on all stairways having four or more risers or with an elevation of 30 or more inches.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Stairways are at least 22 inches wide. (General Industry Standard)  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Stairs angle no more than 50 and no less than 30 degrees, risers are uniform from top to bottom (plus or minus 1/4 inch) and are provided with a surface that renders them slip resistant.                                    |         |

|                          |                          |   |  |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Stairway handrails are not less than 36 inches above the leading edge of stair treads and have at least 3 inches of clearance between the handrails and the wall or surface they are mounted on.              |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Where doors or gates open directly on a stairway, there is a platform provided so the swing of the door does not reduce the width of the platform to less than 20 inches.                                     |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Where stairs or stairways exit directly into any area where vehicles may be operated, there are adequate barriers and warnings provided to prevent employees stepping into the path of traffic.               |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Signs are posted showing the load capacity of elevated storage areas.   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | An appropriate means of access and egress is provided for surfaces with 19 or more inches of elevation change.  |  |
|                          |                          | Material on elevated surfaces is minimized, with that necessary for immediate work requirements piled, stacked, or racked in a manner to prevent it from tipping, falling, collapsing, rolling, or spreading. |  |

**FLOOR AND WALL HOLES AND OPENINGS**  
**29 CFR 1926 Subpart M. EM 385-1-1, Section 24**

| YES                      | NO                       |  | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Floor and roof openings that persons can walk into or fall through are guarded by a physical barrier or covered.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Holes (defined as equal to or greater than 2 inches in least dimension) where person could trip must be covered/protected.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Unprotected sides and edges on a walking/working surface six feet or more (note four feet in General Industry) are protected by guardrail system, safety net, or Personal Fall Arrest System (PFAS).   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Unused portions of service pits and pits not actually in use are either covered or protected by guardrails or equivalent.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Coverings for holes or other openings must be constructed of sufficient strength to support any anticipated load, must be secured in place to prevent accidental removal or displacement, and must be marked indicating purpose (e.g., stenciled "Hole" or painted contrasting color to surroundings). |         |



**LADDERS**  
**29 CFR 1926 Subpart X. EM 385-1-1, Section 21**

| YES                      | NO                       |  | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Portable ladders are used for their designed purpose only.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Portable ladders are examined for defects prior to, and after use.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Ladders found to be defective are clearly tagged to indicate "DO NOT USE" if repairable, or destroyed immediately if no repair is possible.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Workers are trained in hazards associated with ladder use and how to inspect ladders.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Ladders have secure footing provided by a combination of safety feet, top of ladder tie-offs and mud cills or a person holding the ladder to prevent slipping.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | The handrails of a straight ladder used to get from one level to another extend at least 36 inches above the landing.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Ladders conform to construction criteria of ANSI Standards A-14.1 and A-14.2.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Wooden ladders are not painted with an opaque covering such that signs of flaws, cracks, or drying are obscured.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Fixed ladders are constructed and used according to OSHA Standards, 29 CFR 1910.27 and ANSI A-14.3.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Rungs, cleats or steps, and side rails that may be used for handholds when climbing, offer adequate gripping surface and are free of splinters, splinters or burrs, and substances that could cause slipping.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Fixed ladders of greater than 24 feet have cages or other approved fall protection devices. (Note General Industry is 20 feet).  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Where fall protection is provided by ladder safety systems (body belts or harnesses, lanyards and braking devices with safety lines or rails), systems meet the requirements of and are used in accordance with WESTON Fall Protection Standard Practices and are compatible with construction of the ladder system. |         |

**DEMOLITION**  
**29 CFR 1926 Subpart T. EM 385-1-1, Section 23**

| YES                      | NO                       |   | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Prior to initiating demolition activities an engineering survey (by a competent person) and a demolition plan (by a competent person) is completed.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | All employees engaged in demolition activities are instructed in the demolition plan.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | It has been determined through the engineering survey and outlined in the plan, if any hazardous materials or conditions (e.g., asbestos, lead, utility connections, etc.) exist. Such hazards are controlled or eliminated before demolition is started. |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Continued inspections, by a competent person, are conducted to ensure safe employee working conditions.   |         |

**TREE MAINTENANCE AND REMOVAL**  
**29 CFR 1910 Subpart R. EM 385-1-1, Section 31**

| YES                      | NO                       |   | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Tree maintenance or removal is done is under the direction of a qualified person.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Tree work, in the vicinity of charged electric lines, is by trained persons qualified to work with electricity and tree work. Appropriate distances are maintained for all workers who are not qualified. |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Equipment is inspected, maintained, repaired, and used in accordance with the manufacturer's directions.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior to felling actions are planned to include clearing of the area to permit safe working conditions and escape.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Employees must be trained in the safe operation of all equipment.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | All equipment and machinery is inspected and determined safe prior to use.  |         |

|                          |                          |   |  |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Work is performed under requirements of FLD 43. |  |
|--------------------------|--------------------------|---|--|

### BLASTING

#### 29 CFR 1926 Subpart U. EM 385-1-1, Section 29

| YES                      | NO                       |   | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | A blasting safety plan is developed prior to bringing explosives on-site.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | The transportation, handling, storage, and use of explosives, blasting agents, and blasting equipment must be directed and supervised by a person with proven experience and ability in blasting operations. Licensing of person is verified. |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Blasting operations in or adjacent to cofferdams, piers, underwater structures, buildings, structures, or other facilities must be carefully planned with full consideration to potential vibration and damage.                               |         |

### HAZARDOUS, TOXIC, AND RADIOACTIVE WASTE AND UNDERGROUND STORAGE TANK (UST) ACTIVITIES

#### 29 CFR 1926 Subpart D. EM 385-1-1, Section 28

| YES                      | NO                       |  | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | All construction activities performed with known or potential exposure to hazardous waste are conducted in accordance with Hazardous Waste Operations and Emergency Response requirements. |         |

### CONCRETE and MASONRY CONSTRUCTION

#### 29 CFR 1926 Subpart Q. EM 385-1-1, Section 27

| YES                      | NO                       |   | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Construction loads are not placed on a concrete or masonry structure or portion of a concrete or masonry structure unless the employer determines, based on information from a person who is qualified in structural design, that the structure or portion of the structure is capable of supporting the loads. |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Employees are not permitted to work above or in positions exposed to protruding reinforcing steel or other impalement hazards unless provisions have been made to control the hazard.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Sections of concrete conveyances and airlines under pressure are secured with wire rope (or equivalent material) in addition to the regular couplings or connections.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Structural and reinforcing steel for walls, piers, columns, and similar vertical structures is supported and/or guyed to prevent overturning or collapse  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | All form-work, shoring, and bracing is designed, fabricated, erected, supported, braced, and maintained so it will safely support all vertical and lateral loads that may be applied until the loads can be supported by the structure.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Shoring equipment is inspected prior to erection to determine that it is specified in the shoring design. Any equipment found to be damaged is not used.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Erected shoring equipment is inspected immediately prior to, during, and immediately after the placement of concrete. Any shoring equipment that is found to be damaged, displaced, or weakened is immediately reinforced or re-shored.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Shoring, vertical slip forms and jacks conform with requirements of Section 27.B.08-13 of USACE EM 385-1-1.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Forms and shores (except those on slab or grade and slip forms) are not removed until the individual responsible for forming and/or shoring determines that the concrete has gained sufficient strength to support its weight and all superimposed loads.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Precast concrete members are adequately supported to prevent overturning or collapse until permanent connections are complete   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | No one is permitted under pre-cast concrete members being lifted or tilted into position except employees required for the erection of those members.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Lift slab operations are planned and designed by a registered engineer or architect.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Hydraulic jacks used in lift slab construction have a safety device that causes the jacks to support the load in any position if the jack malfunctions  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | No one is permitted under the slab during jacking operations.   |         |

|                          |                          |  |  |
|--------------------------|--------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A limited access zone is established whenever a masonry wall is being constructed. |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Fall protection is provided to masonry workers exposed to falls of 6 feet or more. |  |

**STEEL ERECTION**  
**29 CFR 1926 Subpart R. EM 385-1-1, Section 27**

| YES                      | NO                       |   | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Impact wrenches have a locking device for retaining the socket. Containers shall be provided for storing or carrying rivets, bolts, and drift pins, and secured against accidental displacement when aloft. |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Structural and reinforcing steel for walls, piers, columns, and similar vertical structures shall be guyed and supported to prevent collapse  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | No loading is placed upon steel joists until all bridging is completely and permanently installed.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Workers are provided fall protection whenever they are exposed to falls of 1.8 m (6 ft) or more (EM 385-1-1).   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Temporary flooring in skeleton steel erection conforms with Section 27.F of USACE 385-1-1   |         |

**ROOFING**  
**29 CFR 1926 Subpart M. EM 385-1-1, Sections 21, 22, 24, 27**

| Yes                      | No                       |   | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | In the construction, maintenance, repair, and demolition, of roofs, fall protection systems is provided that will prevent personnel from slipping and falling from the roof and prevent personnel on lower levels from being struck by falling objects  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | On all roofs greater than 4.8 m (16 ft) in height, a hoisting device, stairways, or progressive platforms are furnished for supplying materials and equipment.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Roofing materials and accessories that could be moved by the wind, including metal roofing panels, that are on the roof and unattached are secured when wind speeds are greater than, or are anticipated to exceed, 10 mph.   |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Level, guarded platforms are provided at the landing area on the roof.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | When their use is permitted, warning line systems comply with USACE Section 27.07 of EM 385-1-1.  |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Workers involved in roof-edge materials handling or working in a storage area located on a roof with a slope $\geq$ to four vertical to twelve horizontal and with <u>edges 6 ft or more above</u> lower levels are protected by the use of a guardrail, safety net, or personal fall arrest system along all unprotected roof sides and edges of the area. |         |

### ENVIRONMENTAL COMPLIANCE

| Yes                      | No                       |   | Comments |
|--------------------------|--------------------------|---|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | Environmental Compliance and Waste Management Plan on file.   |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Waste Determination Made.   |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Manifest and/or Shipping Papers prepared and filed.   |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Manifest Exception Reports Prepared, as necessary. Procedures to track manifests in place.                |          |
| <input type="checkbox"/> | <input type="checkbox"/> | State Annual and EPA Biennial Reporting Information Available.  |          |
| <input type="checkbox"/> | <input type="checkbox"/> | RCRA Personnel Training Records on file.  |          |
| <input type="checkbox"/> | <input type="checkbox"/> | CAA Permits on file.  |          |
| <input type="checkbox"/> | <input type="checkbox"/> | CWA Permits on file.  |          |
| <input type="checkbox"/> | <input type="checkbox"/> | RCRA Permits on file.   |          |
| <input type="checkbox"/> | <input type="checkbox"/> | State and/or Local Permits on file.   |          |
| <input type="checkbox"/> | <input type="checkbox"/> | RCRA Inspections conducted and Documentation on file.   |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Transporter and TSD compliance information on file.   |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Waste Accumulation Areas Managed Properly.  |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Wetlands Areas Identified and Protected.  |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Endangered, Threatened, or Special Concern Species or Areas Identified and Protective Methods Determined. |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Run-on and Runoff Concerns Identified and Managed.  |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Adjacent Land Areas Protected as Necessary.   |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Non-Hazardous Solid Wastes Managed Properly.  |          |

### MISCELLANEOUS REGULATORY and POLICY COMPLIANCE

| Yes                      | No                       |   | Comments |
|--------------------------|--------------------------|---|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | Personnel Training Records for DOT Materials Handling on file.                  |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Noise Control Issues Addressed and Managed.                                     |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Site Security Issues Identified and Managed.                                    |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Known Historical, Archeological, and Cultural Resources Identified and Managed. |          |
| <input type="checkbox"/> | <input type="checkbox"/> | WESTON EHS Analysis Checklist In Use.   |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Safety Observation and Recognition Program in place.                            |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Weekly EHS Report Card System in place.   |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Federal, State, and Local Required Postings in place.                           |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Site specific Lockout/Tagout Program is in place.                               |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Site-specific Confined Space Program is in place.                               |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Site Safety Officer filing system is in place and up to date.                   |          |

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## **ATTACHMENT I HAZARD CHECKLIST**

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### EHS REVIEW CHECKLIST-WESTON FIELD OPERATIONS

This form is to be completed prior to performing an EHS review of a Field Project to what hazards have been anticipated and determine which elements of the BBS EHS Field Review Checklist apply and capture positive observations and Corrective Action items. The BBS EHS Field Review Checklist elements will serve as a guide for the review.

|  |  |                                |   |   |  |                             |   |  |  |                           |   |   |  |                            |   |  |  |                            |  |
|--|--|--------------------------------|---|---|--|-----------------------------|---|--|--|---------------------------|---|---|--|----------------------------|---|--|--|----------------------------|--|
| Site Manager/EHS Officer: John Sherrard<br>Date: 29-Jul-13<br>Location: South Dayton Dump Site |  |                                |   | SOW: Soil Gas Sampling, PRP Oversight.                              |  |                             |   | Team (name or reference via daily sign-in sheet)<br>Weston<br>Team Contractors           |  |                           |   |   |  |                            |   |  |  |                            |  |
| <b>HAZARDS IDENTIFIED (check those applicable)</b>   |  |                                |   | I am confident hazard is identified and controls identified in HASP |  |                             |   | Y = Under control +; N = needs work -  |  |                           |   |   |  |                            |   |  |  |                            |  |
|  |  | <b>Chemical</b>                |   |   |  | <b>Biological</b>           |   |  |  | <b>Physical</b>           |   |   |  | <b>Physical, con't</b>     |   |  |  | <b>Physical, con't</b>     |  |
|  |  | Flammable/combustible          | Y |   |  | Insects                     | Y |  |  | Noise                     |   |   |  | Aerial lifts               |   |  |  | Remote Areas               |  |
|  |  | Corrosive                      | Y |   |  | Animals                     | Y |  |  | Heat                      |   |   |  | Conveyors                  |   |  |  | Materials handling         |  |
|  |  | Oxidizer                       | Y |   |  | Plants                      | Y |  |  | Cold                      |   |   |  | Demolition                 |   |  |  | High Pressure Washers      |  |
|  |  | Reactive                       | Y |   |  | Mold/Fungus                 | Y |  |  | Inclement Weather         |   |   |  | Excavation                 | Y |  |  | Hand and Power Tools       |  |
| Y  |  | Toxic                          |   |   |  | Viral/Bacterial             |   |  |  | Hot Work                  |   |   |  | Pile Driving               | Y |  |  | Low Illumination           |  |
| Y  |  | Inhalation                     |   |   |  |                             |   |  |  | Confined Spaces           |   |   |  | Welding/Cutting/Burn       | Y |  |  | Drilling & Boring          |  |
| Y  |  | Eyes/Skin                      |   |   |  | Radiological                |   |  |  | Stored hazardous Energy   |   |   |  | Hot Surfaces               | Y |  |  | Striking against/Struck-by |  |
|  |  | Pesticides                     |   |   |  | Ultra-Violet                |   |  |  | Elevation                 |   |   |  | Hot Materials              |   |  |  | Caught-in/Caught between   |  |
|  |  | Carcinogen                     | Y |   |  | Sunlight                    | Y |  |  | Utilities                 |   |   |  | Rough Terrain              |   |  |  | Pushing/pulling            |  |
|  |  | Asbestos                       |   |   |  | Infrared                    |   |  |  | Machinery                 | Y |   |  | Compressed Gases           | Y |  |  | Falls at same level        |  |
|  |  | Lead                           |   |   |  | Lasers                      |   |  |  | Mobile equipment          |   |   |  | Hazardous Mat. Storage     |   |  |  | Falls from elevation       |  |
|  |  | UXO/OE/ CWM                    |   |   |  | XRF                         |   |  |  | Cranes                    |   |   |  | Diving                     |   |  |  | Repetitive motion          |  |
|  |  | Process Safety                 |   |   |  | Density Gauges              |   |  |  | Manual Material Handling  |   |   |  | Operation and Use of Boats | Y |  |  | Electricity (110V or less) |  |
|  |  | Applying Paint/Coatings        |   |   |  | Isotopes                    |   |  |  | Ladders                   |   |   |  | Working Over Water         |   |  |  | Electricity (> 110V)       |  |
|  |  |                                |   |   |  |                             |   |  |  | Scaffolding               | Y |   |  | Traffic                    |   |  |  | Slippery surface Ice/Snow  |  |
|  |  |                                |   |   |  |                             |   |  |  |                           |   |   |  | Site Security              |   |  |  |                            |  |
|  |  | <b>Motor Vehicle Operation</b> |   |   |  | <b>Working at Elevation</b> |   |  |  | <b>Electrical</b>         |   |   |  |                            |   |  |  | DG Shipping                |  |
| Y  |  | Highway - Passenger            |   |   |  | Falls from elevation        |   |  |  | Electricity (>600V)       |   |   |  |                            |   |  |  | Air Ship                   |  |
|  |  | Highway – Pickup               |   |   |  | Ladders                     |   |  |  | Electricity (> 50V)       |   |   |  |                            |   |  |  | Bulk surface ship          |  |
|  |  | Special – ATV/Utility          |   |   |  | Scaffolding                 |   |  |  | Electricity (50V or less) |   |   |  |                            |   |  |  |                            |  |
|  |  |                                |   |   |  | Aerial lifts                |   |  |  | Stored Hazardous Energy   |   |   |  |                            |   |  |  |                            |  |
|  |  |                                |   |   |  |                             |   |  |  | Utilities                 |   |   |  |                            |   |  |  |                            |  |
| <b>ENRIVORNMENTAL RISK IDENTIFIED (check applicable)</b>                                       |  |                                |   |   |  |                             |   | <b>I am confident that the hazards are identified and controls specified in the HASP</b> |  |                           |   | <b>Y = Under Control<br/>N = Needs Work</b> |  |                            |   |  |  |                            |  |
|  |  | Air - Emission Source          |   |   |  | Water - CWA                 |   |  |  | Other Solid Waste         |   |   |  | DG Shipping                |   |  |  |                            |  |
|  |  | List Permits Needed            |   |   |  | Storm Water                 |   |  |  | Land - CERCLA             |   |   |  | IATA – by Air              |   |  |  |                            |  |
|  |  |                                |   |   |  | SDWA                        |   |  |  | Other Environmental       |   |   |  | DOT – by ground            |   |  |  |                            |  |
|  |  |                                |   |   |  | NPDES                       |   |  |  | Team Contractor           |   |   |  |                            |   |  |  |                            |  |
|  |  |                                |   |   |  | Waste - RCRA/TSCA           |   |  |  |                           |   |   |  |                            |   |  |  |                            |  |

### EHS REVIEW CHECKLIST-WESTON FIELD OPERATIONS

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| REQUIRED PROTECTION (check those applicable) |                             |   | <i>I am confident that the hazards are identified and controls specified in the HASP</i> |  |   | <i>Y = Under Control<br/>N = Needs Work</i> |                          |  |                          |   |                            |
|--|-----------------------------|---|--|--|---|---|--------------------------|--|--------------------------|---|----------------------------|
|  | <b>Engineering Controls</b> |   |  | <b>Administrative Control</b>  |   |   | <b>PPE</b>               |  | <b>PPE, con't</b>        |   | <b>Contingency</b>         |
|  | Guard Rails                 | Y |  | Qualified for task   |   |   | Air Supplying Respirator |  | Level A                  | Y | Emergency Plan Known       |
|  | Machine Guards              | Y |  | Trained/Certified  |   |   | SCBA                     |  | CWM                      | Y | Eye wash/shower Location   |
|  | Sound Barriers              |   |  | Hot Work Permit  |   |   | Air Purifying Respirator | Y  | Safety Shoes/Boots       | Y | First Aid Kit Location     |
| Y  | Enclosure                   |   |  | CSE Permit   | Y |   | Hard Hat                 |  | Rubber Boots             |   | Fire Extinguisher Location |
|  | Elevation                   |   |  | Lockout/Tag Out  | Y |   | Ear Plugs                | Y  | Gloves –Nitrile Surgical |   | Spill Kit Location         |
|  | Isolation                   |   |  | Work Permit  |   |   | Ear Muffs                | Y  | Gloves – Leather work    |   | Severe weather shelter     |
| Y  | GFCI                        |   |  | Dig Safe Permit  | Y |   | Safety Glasses           |  | Gloves                   | Y | Evacuation Routes          |
|  | Assured Ground Program      |   |  | Contingency Plan   |   |   | Goggles                  |  | Cooling Suits            |   |                            |
|  | Apply Anti-slip/skid Mat    |   |  | Critical Lift Plans  |   |   | Chemical Goggles         |  | Ice Vests                |   |                            |
|  |                             |   |  | Equip. Inspection Sheets   |   |   | Face Shield              |  | Radiant heat Suits       |   |                            |
|  |                             |   |  |  |   |   | Thermal Shield           |  | Fall Arrest              |   |                            |
|  |                             |   |  |  |   |   | Welding Mask             |  | PFD                      |   |                            |
|  |                             |   |  |  |   |   | Cutting Glasses          |  | Electrical insulation    |   |                            |
|  |                             |   |  |  |   |   | Cotton Coverall          |  | Welding Leathers         |   |                            |
|  |                             |   |  |  |   |   | Tyvek Coveralls          |  |                          |   |                            |
|  |                             |   |  |  |   |   | Coated Coveralls         |  | Diving/SCUBA             |   |                            |
|  |                             |   |  |  |   |   |                          |  | Diving/Surface Supplied  |   |                            |
| <b>Any Modification to Tasks (list)</b>      |                             |   |  | <b>Other tasks or activities (on or off-site)that may affect my activity</b> |   |   |                          | <b>Reasons for any changes indicated above</b> |                          |   |                            |
|  |                             |   |  |  |   |   |                          |  |                          |   |                            |
|  |                             |   |  |  |   |   |                          |  |                          |   |                            |
|  |                             |   |  |  |   |   |                          |  |                          |   |                            |
|  |                             |   |  |  |   |   |                          |  |                          |   |                            |
|  |                             |   |  |  |   |   |                          |  |                          |   |                            |

| Transfer Items needing work to this section |                             |                   |            |           |                                   |
|---|-----------------------------|-------------------|------------|-----------|-----------------------------------|
| Items needing work                          | Regulatory or FLD Reference | Corrective Action | Correct by | Corrected | Person Responsible for Correction |
|   |                             |                   |            |           |                                   |
|   |                             |                   |            |           |                                   |
|   |                             |                   |            |           |                                   |
|   |                             |                   |            |           |                                   |
|   |                             |                   |            |           |                                   |
|   |                             |                   |            |           |                                   |



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|   |  |   |
|---|--|---|
|   | Management or Generation of Hazardous Waste*   | * <b>Environmental Compliance/Waste Management Plan Required</b>                        |
|   | Management or Generation of Investigation Derived Waste*   |   |
|   | Treatment, Storage, or Disposal of Hazardous Waste*  | Assure training and site preparation.   |
|   | Contingency to prevent or contain hazardous materials or oil spills or discharges to drains, body of water, soil*                  |   |
|   | Disturbing of Asbestos Containing Materials (ACM)*   | Assure training and licensing for Asbestos Remediation Activities                       |
|   | Application of Pesticides or Herbicides*   |   |
|   | Work on Above or Underground Storage Tanks*  |   |
|   | Transportation, Storage or Disposal of Radioactive Material*   | Assure training and licensing for use of Radioactive Materials/Sources.                 |
|   | Activities producing or generating Air Emissions (or fugitive "fence-line" emissions) requiring either monitoring and/or permit*   |   |
| Y | Excavations, Drilling, Probing or other activities that could impact underground utilities, pipelines, sewer or treatment systems. | <b>Conduct utility locate in all areas where soil gas probes will installed – FLD34</b> |
|   | Shipment of Hazardous Waste off-site*<br>Shipment of Samples in accordance with DOT/IATA   | Assure waste identification , manifesting, marking, labeling, placarding.               |

#### Instructions and Use Criteria:

This form is used to prepare appropriate task/risk analyses (activity hazard analyses) and safety plans. Secondary, but no less important is the use of this form routinely to track changes in jobs/tasks so that workers, public and the environment are adequately protected. In order for this to occur, assure the following:

Review work scope. Considering both safety and productivity break down the job/task and determine 1) How the job/task is to be performed, 2) In what order will the job/tasks be performed, 3) What equipment or materials will be needed, 4) What specific skills or training will be necessary.

Does the work require hot work permits, confined space entry permits, lockout/tagout, other permits or permissions/clearances?

Will it be necessary to barricade for clear work zones (roadway or on-site)?

Of the hazards identified in the table above evaluate risk of injury or damage.

Develop hazard control measures based upon task/risk utilizing protection sequence of:

Engineering design to eliminate hazard/risk.

Substitution of materials/chemicals/methods.

Incorporation of safety devices (e.g., guards, interlocks).

Administrative controls (e.g., work methods, procedures, training).

Provisions for PPE.

Is there any special contingency planning necessary (e.g., rescue, spill control)? People? Procedures? Training?

Have you evaluated and planned job/task to assure acceptable risk for workers, public and environment?

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## **ATTACHMENT J**

### **AUDIT AND OTHER FORMS**

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